

# Patient Referral Form

Thank you for choosing Charlotte Dermatology

If you need to refer a patient for an appointment at any of our locations, (**Charlotte - Matthews - Rocky River University - Waverly - Cornelius - Steele Creek or Myrtle Beach**) our appointment coordinators are available to assist you (704-364-6110) or complete the information below. Please fax any medical records related to patients' reason for being seen, prior to the scheduled appointment.

Date \_\_\_\_\_

Reason for Referral/Diagnosis \_\_\_\_\_ Referring

Physician \_\_\_\_\_ Office/Fax # \_\_\_\_\_ Patient's Name

\_\_\_\_\_ DOB \_\_\_\_\_ Address, City, Zip

\_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Do you want us to Call Patient to confirm appointment?  Yes  No

Appointment Date for                      /    /    @    am/pm

with Dr/PA \_\_\_\_\_ at our \_\_\_\_\_ location.

Patient notified?  Yes  No Referring Physician notified?  Yes  No

**Fax Referral to: 704-266-6720**

**Cornelius Office** 19485 Old Jetton Road, Suite 201 | Cornelius, NC 28031

**Steele Creek Office** 8814 Rachel Freeman Way, Suite 101 | Charlotte, NC 2827

**Charlotte Office** 2630 East 7th Street, Suite 200 | Charlotte, NC 28204 **Matthews Office** 1238 Mann Dr | Matthews, NC 28105

**Rocky River Office** 9550 Rocky River Rd, Suite 200 | Charlotte, NC 28215 **University Office** 8401 Medical Plaza Dr, Suite 260 | Charlotte, NC 28262

**Waverly Office** 11840 Southmore Drive, Suite 170 | Charlotte, NC 28277 **Myrtle Beach Office** 8208 Devon Court, Suite B | Myrtle Beach, SC 29572