



EASILY REFER FOR EXPERT MOHS SURGERY

Please fax this form along with: 1) Pathology report, 2) Color Photo (preferred) or diagram confirming lesion location, 3) Clinic Visit note, 4) Copy of insurance information, and 5) Demographics Sheet.

REFERRAL FORM:

Azalea Skin Treatment Center, Garner, NC: **919.772.3446**

Raleigh Dermatology, Raleigh, NC: **919.876.2351**

Date: _____

Number of Pages: _____

Referring Physician: _____

Referring Physician Office Contact Person & Direct Phone #: _____

Patient Name: _____

Date of Birth: _____

Request Location with Johnathan Olson, MD

Azalea Skin Treatment Center

501 Health Park Drive

Suite 150

Garner, NC 27529

Raleigh Dermatology

800 Springfield Commons Drive

Suite 115

Raleigh, NC 27609

Lesions to be treated: (if there are malignancies on the path report that are being treated elsewhere or by your office please make a note)

Additional Information:

We will contact the patient to schedule an appointment. ***Upon answering pre-operative questions, the patient will be provided date and time for surgery.***