

DESERT MOUNTAIN
SKIN CANCER SURGERY, LLC

Diane Reisinger, MD, FACMS

Mohs Surgeon

Referral Form

(Mohs Micrographic Surgery, 'Slow' Mohs, Excision Margins and Excision with Permanent Sections as indicated)

Please **Fax** this form along with the pathology report and patient demographics sheet to

Santa Fe Office FAX number: 505-404-8423

Office phone number: 505-980-8738

Referring Provider: _____ and Phone: _____

Patient's Name: _____

Preferred patient contact telephone number: _____ Alt number: _____

Patient's insurance plan: _____

We Accept Most Insurances Including:

Medicare; Blue Cross Blue Shield: Commercial, Medicare Advantage, Blue Community HMO Network, Blue Advantage HMO Network, Blue Preferred Network, Medicaid Managed Care; Cigna; New Mexico Health Connections; New Mexico Health Connections Medicare Advantage; Tricare

Please make sure the patient can identify the biopsy site. A 'selfie' of the biopsy site can be helpful if the lesion is subtle.

Pathology # _____ Site(s): (circle) A B C D

Comments: _____

We appreciate being allowed to participate in the care of your patient. We will contact the above patient to schedule an appointment. You will receive a copy of the operative report.

Note: The information contained in this facsimile may be privileged and confidential and protected from disclosure. The facsimile may contain personal, sensitive information related to a person's health care. It is being faxed after appropriate authorization from the patient or under circumstances that do not require patient authorization. If the reader of this facsimile is not the intended recipient, you are hereby notified that any reading, dissemination, copying, or other use of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately by telephone and destroy this facsimile. Thank you.