

COLEMAN E. ALTMAN, DO HAZEM M. EL-GAMAL, MD GARY B. SLAUGHTER, JR. MD

www.CharlotteDermatologyPA.com

RONALD A. RODRIGUEZ, PA-C STEPHANIE WEAVER, PA-C **BRANNON PUETT, PA-C** TRACY R. BLACK, PA-C **DENTON MOW, PA-C** BLESELDA PARAGAS, PA-C JORDANN DEACON, PA-C JENNA BYRNE, PA-C KINSLEIGH TRICE, PA-C BYANNA UHLIR, PA-C SAMANTHA GULLEDGE, PA-C HAIBO CHENG, PA-C

MICHAEL A. ASBURY, PA-C

MELISSA D. BOOTHE, PA-C

SAMANTHA D'ALESSANDRO, PA-C

Patient Referral Form

Thank you for choosing Charlotte Dermatology, PA.

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 option 2) 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 wa	nt us to Call Patient to confirm a	ppointment? _Yes _N	0
Appointment D	oate for _M _T _W _T _F _S	//@	am/pm
with Dr/PA		at our	location.

Patient notified? _Yes _No Referring Physician notified? _Yes _No

FAX Referral to: 704-927-6170

Cornelius Office 19485 Old Jetton Road, Suite 201 | Cornelius, NC 28031 Steele Creek Office 8814 Rachel Freeman Way, Suite 101 | Charlotte, NC 28278

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