

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 want us to Call Patient to confirm appointment? Yes No

Appointment Date 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