

## VILLAGE DERMATOLOGY

## VIRTUAL TELEMEDICINE CONSULTATION

## REQUEST FORM

Provider Requested:	<ul><li>○ First Available</li><li>○ Amanda Lanier, PA-C</li></ul>	O Jenny Sobera, MD O Kelly Fordham, PA-C	<ul><li>Katherine Fening, MD</li><li>Wendy Cantrell, DNP, CRNP</li></ul>
Location:	O Virtual Telemedicine Visi	it	
Appointment Type:	○ URGENT	OROUTINE	○ FIRST AVAILABLE
Requesting Physician/Health Care Professional (HCP) Information: PLEASE PRINT CLEARLY			
Date of Consult Request			
Reason for Consult			
Referring Physician/HCl	Р		
NPI Number			
Address/Zip Code			
Phone Number			
Fax Number			
Name of Person Comple Form	ting		
Patient Information: PLEASE PRINT CLEARLY			
Patient Name			
Contact Number			

Please fax consult form to 205.820.5064
HISP address for secure messaging: <a href="mailto:dmarrs@villagedermatology.emadirect.md">dmarrs@villagedermatology.emadirect.md</a>
Attention: Consult/Referral Department

We will contact and schedule your patient within 48 hours. Provider notes will be sent following specialist visit. If you have any questions, please contact our **Referral Specialist at 205.572.4910.** For additional forms or to complete this form online, go to <a href="https://www.villagedermatology.net/physician-referral-form">www.villagedermatology.net/physician-referral-form</a>.