VILLAGE DERMATOLOGY
A FOREFRONT DERMATOLOGY PRACTICE

VILLAGE DERMATOLOGY SURGERY REQUEST FORM

Provider: Rachel Pflederer, MD Location: Mountain Brook Appointment Type: ◯ Mohs ◯ Excision

Requesting Physician/Health Care Professional (HCP) Information: PLEASE PRINT CLEARLY

Date of Biopsy			
Surgical Site			
Diagnosis			
Referring Physician/HCP			
NPI Number			
Address/Zip Code			
Phone Number		Fax Number	
Name of Person Completing Form			

Patient Information: PLEASE PRINT CLEARLY

Patient Name					
Date of Birth		Patient Email			
Address/Zip Code					
Cell Number			Alternate Number		
Insurance Company		Contract #		Group #	
Secondary Insurance		Contract #		Group #	
Primary Card Holder Name				Date of Birth	

Please include chart notes, insurance card, path report, pictures, and diagrams. All major insurances accepted.

Please fax surgery consult form to 205.820.5064

HISP address for secure messaging: scheduling@villagedermatology.emadirect.md

Attention: Fletcher Lacy

Upon receipt of surgery consult form with required documentation, we will contact and schedule your patient within 48 hours. If you have any questions, please contact our **Surgery Specialist at 205.9614377.** For additional forms or to complete this form online, go to villagedermatology.net/physician-referral-form/