

VILLAGE DERMATOLOGY CONSULTATION REQUEST FORM

Provider Requested:	First Available		O Jenny Sobera, MD		Katherine Fening, MDKelly Fordham, PA-C	
	Julia Tauscher, MDWendy Cantrell, DNP, CRNP		○ Amanda Lanier, PA-C○ Lelie Welden, PA-C		() Kelly	Fordnam, PA-C
Location:	Mountain Brook		O Village @ Oneonta		O Village @ Gardendale	
Appointment Type:	OURGENT		OROUTINE		○FIRST AVAILABLE	
Requesting Physicia	n/Health Care Profession	al (HC	CP) Inforn	nation: PLEAS	SE PRINT (CLEARLY
Date of Consult Request						
Reason for Consult						
Referring Physician/HCP						
NPI Number						
Address/Zip Code						
Phone Number				Fax Number		
Name of Person Completing Form			1			
Patient Information	: PLEASE PRINT CLE	ARLY	7			
Patient Name						
Date of Birth	Patie Emai					
Address/Zip Code						
Cell Number			Alternate	Number		
Insurance Company	Contr	ract#			Group #	
Secondary Insurance	Contr	ract#			Group #	
Primary Card Holder Name	·				Date of Birth	

Please include chart notes and insurance card.

If the patient has BCBS (BEG, BGL or NDJ prefix) or a UHC plan that requires a referral, we MUST also have an insurance referral in order to schedule patient. *Insurances not accepted: Medicaid, Tricare Prime, BrightHealth, VIVA-UAB* (over the age of 18)

Please fax consult form to 205.820.5064

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

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 www.villagedermatology.net/physician-referral-form.