



CONSULTATION REFERRAL FORM

Provider Requested: ☐ First Available ☐ Amanda Lanier, PA-C ☐ Wendy Cantrell, DNP, CRNP
☐ Julia Tauscher, MD ☐ Kelly Fordham, PA-C
☐ Caroline Crabtree, MD ☐ Lelie Welden, PA-C

Location: ☐ Birmingham/Office Park ☐ Oneonta ☐ Gardendale

Appointment Type: ☐ URGENT ☐ ROUTINE ☐ First Available

REQUESTING PHYSICIAN/HEALTH CARE PROFESSIONAL (HCP) INFORMATION:

PLEASE 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			

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 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.