Bainbridge Skin Surgery
Consultative Dermatology
Duane C. Whitaker, M.D.
Fellow, American College of Mohs Surgery
Fellow, American Academy of Dermatology

Referral Request

Patient Name: _____ Date of Birth: _____

Patient Phone: _____ ❑ Male ❑ Female

Referring Provider Information:

Name: _____

Office Location: _____ Phone: _____

_____ Fax: _____

_____

Reason for Referral:

_____

_____

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Please complete this form and fax it to our office at (206) 317-6975. Please include any relevant clinic notes and pathology reports, as well as a copy of the patient's demographic and insurance information. We will be happy to contact the patient directly to schedule an appointment.