

Associates In Dermatology, PLLC  
3810 Springhurst Blvd. Suite 200  
Louisville, KY 40241  
Phone: (502) 583-1749 Fax: (502) 276-9238

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**REFERRAL FOR APPOINTMENTS WITH ASSOCIATES IN DERMATOLOGY**

**\*\*Please complete this form and fax it back to the Referrals Dept. at 502-276-9238.**

**If you have direct mail you can send the referral to Referrals@assocderm.emadirect.md**

**We will contact the patient to schedule the appointment and fax back the details.**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PRIMARY PHONE #: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GUARANTOR NAME & DOB: \_\_\_\_\_

RACE, ETHNICITY & LANGUAGE: \_\_\_\_\_

INTERPRETER NEEDED? \_\_\_\_\_

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PRIMARY INSURANCE: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ GROUP: \_\_\_\_\_

SUBSCRIBER NAME & DOB: \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ GROUP: \_\_\_\_\_

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REFERRING PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DIAGNOSIS/REASON FOR REFERRAL: \_\_\_\_\_

URGENT APPT : \_\_\_\_\_

APPT PREFERENCES: \_\_\_\_\_