Cary Skin Center
200 Wellesley Trade Lane, Cary, NC 27519
(919)363-7546 | (919)363-3616 fax
www.CarySkinCenter.com

CARY SKIN CENTER
experience matters...trust cary skin center

Cary Skin Center *at Pinehurst*
289 Olmsted Blvd, Ste 5, Pinehurst, NC 28374
(910)295-2945 | (910)294-2937 fax
www.CarySkinCenter.com

REFERRAL FORM

PATIENT INFORMATION - Please complete or attach patient demographics.

First Name:	M.I.	Date of Birth:
Last Name:		Home Phone #:
Street Address:		Cell Phone #:
City:	State:	Zip:

INSURANCE INFORMATION - Please complete or attach copy of insurance card.

Insurance Company:	Group Name or Number:
Subscriber ID #:	Benefits & Eligibility Phone #:
Primary Insured (if not patient):	Date of Birth for Primary Insured:

TREATMENT AREAS

☐ Basal Cell Carcinoma	Location(s):
☐ Squamous Cell Carcinoma	Location(s):
☐ Other:	Location(s):
Is patient aware of diagnosis? ☐ **YES** ☐ **NO**	**Does patient have any implants (cochlear, pacemaker, defibrilator)?** ☐ **YES** ☐ **NO**

REFERRING PRACTICE

Referring Provider Name:	Practice Name:
Referral Coordinator:	Phone #:

☐ Pathology Report attached and areas to treat indicated.

☐ Biopsy Site Photo - Referring provider to email.
*Please email to: photo@caryskincenter.com

☐ Biopsy Site Photo - Patient to bring to appt. or email to: photo@caryskincenter.com

☐ Biopsy Site Photo - Cary Skin Center will take photo.
*Please instruct patient to contact us for appt.

CARY SKIN CENTER USE ONLY

Appt. scheduled with:_____

on:_____ time:_____ am / pm

Appt. info faxed to referring practice:

date:_____ by:_____

THANK YOU FOR CHOOSING CARY SKIN CENTER.