

**FRONTIER DERMATOLOGY**

**North Sound Dermatology • Pacific Dermatology & Cosmetic Center • Seattle Skin & Laser  
Rosario Skin Clinic • Silver Falls Dermatology • Puget Sound Dermatology  
Pinnacle Dermatology • West Sound Dermatology  
Dermatology and Allergy Consult Request Form**

**Patient's Name** \_\_\_\_\_

**DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Patient's Home Phone** \_\_\_\_\_

**Contact Person if other than patient** \_\_\_\_\_

**Patient's Insurance Name\*\*** \_\_\_\_\_

**Policy No.** \_\_\_\_\_

**Reason for visit** \_\_\_\_\_

**URGENT**  **MOHS**  **ROUTINE**

**Referring Clinic Information**

**Provider Requesting Consult** \_\_\_\_\_

**Office Phone** \_\_\_\_\_

**Office Fax** \_\_\_\_\_

**AUTHORIZED SIGNATURE (REQUIRED)** \_\_\_\_\_

**Please Check Preferred Location and Fax to Number**

- |   |   |
|---|---|
| <input type="checkbox"/> Aberdeen ..... 503-362-8435    | <input type="checkbox"/> McMinnville ..... 503-362-8435       |
| <input type="checkbox"/> Albany ..... 503-362-8435      | <input type="checkbox"/> Mercer Island ..... 206-525-1169     |
| <input type="checkbox"/> Anacortes ..... 360-428-4227   | <input type="checkbox"/> Newport ..... 503-362-8435           |
| <input type="checkbox"/> Astoria ..... 503-362-8435     | <input type="checkbox"/> Seattle U Village ..... 206-525-1169 |
| <input type="checkbox"/> Bellevue ..... 425-646-2965    | <input type="checkbox"/> Seattle Northgate ..... 206-859-5776 |
| <input type="checkbox"/> Bellingham ..... 425-939-0807  | <input type="checkbox"/> Mill Creek ..... 425-939-0807        |
| <input type="checkbox"/> Centralia ..... 503-362-8435   | <input type="checkbox"/> Monroe ..... 425-939-0807            |
| <input type="checkbox"/> Corvallis ..... 503-362-8435   | <input type="checkbox"/> Mount Vernon ..... 360-428-4227      |
| <input type="checkbox"/> Coupeville ..... 360-428-4227  | <input type="checkbox"/> Olympia ..... 503-362-8435           |
| <input type="checkbox"/> Edmonds ..... 206-525-1169     | <input type="checkbox"/> Port Angeles ..... 360-994-4975      |
| <input type="checkbox"/> Eugene ..... 503-362-8435      | <input type="checkbox"/> Poulsbo ..... 360-994-4975           |
| <input type="checkbox"/> Everett ..... 425-939-0807     | <input type="checkbox"/> Salem ..... 503-362-8435             |
| <input type="checkbox"/> Federal Way ..... 206-859-5776 | <input type="checkbox"/> Sequim ..... 360-994-4975            |
| <input type="checkbox"/> Gresham ..... 503-362-8435     | <input type="checkbox"/> Smokey Point ..... 425-939-0807      |
| <input type="checkbox"/> Keizer ..... 503-362-8435      | <input type="checkbox"/> Vancouver ..... 503-362-8435         |
| <input type="checkbox"/> Longview ..... 503-362-8435    | <input type="checkbox"/> Woodburn ..... 503-362-8435          |

**Along with this form, please fax a copy of patient demographics, copy of insurance card, recent chart notes pertaining to the visit, plus any lab/path reports to the number above.**

**\*\*Please also include if applicable: all necessary referral info including consult, diagnostics, surgery, referral number, and number of visits. \*\***