



Dermatology
2335 East Kashian Lane, Suite 410
Fresno, CA 93701
559.266.4100 Office
833.973.6199 Referral Fax
inspirehealth.org

FAX REFERRAL REQUEST

Referrals can be made by faxing this form or calling the office.

Date: _____ Number of Pages: _____

- First Available Provider
David Mapes, PA-C
Sheila Mayo, PA-C, MMSC
Luis Dehesa, MD
General Dermatology and Board Certified Mohs Surgery
Greg Simpson, MD
Pediatric & General Dermatology

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____ Phone: _____

Patient Name: _____

Patient Home Phone: _____ Patient Cell: _____

Consultation for: _____

Diagnosis: _____

REQUIRED PATIENT INFORMATION

- Copy of Referral
Copy of Insurance Card and Demographic Sheet
Last Chart Notes
If referral is for Mohs surgery, please provide:
Anatomical Site(s):
Diagnosis/ses:
Copy of Pathology Report(s)
FedEx glass slide(s) of biopsy specimen(s)

NOTE: All information is needed to schedule an appointment.

Special Instructions: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____

Board Certified Dermatologists providing:
General Dermatology ■ Pediatric Dermatology ■ Cosmetic Dermatology
Mohs Micrographic Surgery ■ Dermatologic Surgery ■ Phototherapy

Thank you very much for referring your patient to our office.

***** INTERNAL USE ONLY *****

Appointment Date: _____ Time: _____ Contact Person: _____