



Idaho Skin Surgery Center, P.C.

Mohs micrographic & dermatologic surgery

Jared Scott, M.D.

Patient Referral Form—Please fax to (208) 433-1115

From: _____ # of pages (w/ cover) _____

Re: Patient: _____ DOB: _____

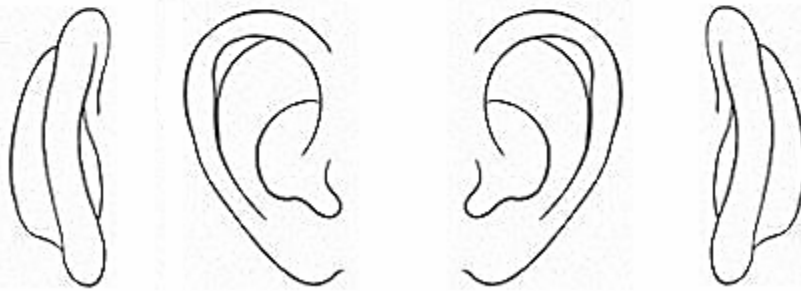
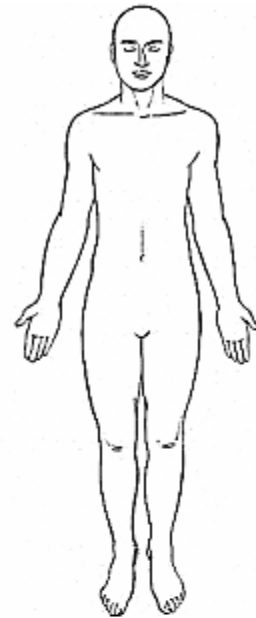
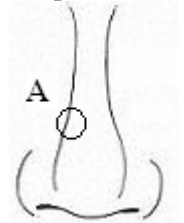
Included: Office notes Pathology Results Patient Demographics

#	Site	Dx	Size
A			
B			
C			

Comments:

Rev. 01/06/2009

Example:



(back of R ear) (R ear) (L ear) (back of L ear)