



ADVANCED DERMATOLOGY & SKIN CANCER CENTER, PLLC

Lance Henry, MD

Mohs Micrographic Surgery Consult Request

Consult Request From: _____

Address: _____

Telephone: _____ Fax: _____

Patient Name: _____ DOB: _____

Patient Telephone Number: _____

Diagnosis: A- _____ C- _____

B- _____ D- _____

Location: A- _____ C- _____

B- _____ D- _____

Date of Biopsy: _____

Please attach Pathology Report.

Please complete the information above and fax to 479-966-4979. Include any notes, lab results, pathology results, copy of insurance cards, and insurance referral (if needed). Our office will schedule the appointment for your patient and return this cover sheet via fax to your office with the appointment date and time. Please provide a current medication list for your patient.

Patient's appointment date and time: _____

You will receive a consultation note and/or an operative report with photos of any surgical procedure performed.

Thank you for allowing us to assist in the care of your patients!

FAYETTEVILLE
1444 E. Stearns St.
Fayetteville, AR 72703
479-718-7546

BENTONVILLE
701 NW McNelly Rd.
Bentonville, AR 72712
479-268-3555

HARRISON
1320 Hwy 62/65 N.
Harrison, AR 72601
870-204-5279

Toll Free Phone: 1-855-400-9884

Toll Free Fax: 1-833-653-8044

Referral Fax: 479-966-4979

www.AdvancedSkinMD.com