

Please select this box for urgent cases
and same-week scheduling.

TOTAL[®]

DERMATOLOGY

Please fax this General Dermatology Form to 205.930.1750

Date:

Patient Name:

Patient DOB:

Parent Legal Guardian (if applicable:)

Phone Number:

Email:

Mailing Address:

City:

State:

Zip Code:

Primary Insurance:

Insurance Provider

Policy #

Group #

Secondary Insurance:

(If applicable)

Insurance Provider

Policy #

Group #

Does Insurance require a Referral/Authorization: YES NO

If yes, please include the referral/authorization with this form.

Reason(s) for Referral/Consult:

Note: Please indicate either a specific provider and/or location preference. Please note that all Total Dermatology providers do not see patients at all locations.

PROVIDER REQUEST:

James M. Krell, MD
Melanie L. Appell, MD
A. Michele Hill, MD
Rajini K. Murthy, MD
Stephanie Ives, MD

Heidi Essig, PA-C
Natalie George, PA-C
Amber Jackson, PA-C
Sara Hopper, CRNP
FIRST AVAILABLE

LOCATION REQUEST:

Main Office-Downtown Birmingham
Trussville
Gardendale
Bessemer
FIRST AVAILABLE

Primary Care Provider:

NPI:

Referring Provider:
(If not the same)

NPI:

Sent by (person sending form):

of page (including cover sheet):

Referring Office Phone Number:

Fax Number:

Please include past clinic notes and all applicable labs with this referral

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