



Dermatology Division

Fax Referral Form to
910-341-1900

1124 Gallery Park Blvd:

Dr. Laura Tanner
Lynne Saffo FN-P
Megan Vigliano PA-C
Rebecca Maphis, NP

5211 South College Road:

Dr. Megan Kinney

8090 Market Street:

Dr. James Appel Samantha
Bowman, PA
Ann-Marie Llanes, PA-C, MPAS

PATIENT REFERRAL FORM

****REFERRAL FORM MUST BE FILLED OUT COMPLETELY AND FAXED TO 910-341-1900 BEFORE ANY APPOINTMENT CAN BE MADE****

Patient Name: _____ Sex: _____ DOB: ____/____/____

SS #: _____ - _____ - _____ Phone#: (H) _____ (Work/Cell) _____

Address: _____

Referring MD: _____ Phone #: _____ Fax #: _____

Address: _____ NPI: _____

Insurance Co: Primary: _____ Secondary: _____

Authorization Required: Yes No Authorization #: _____ Contact # _____

ID #: _____ Group #: _____

Subscriber's Name: _____ Employers Name: _____

REASON FOR REFERRAL: _____

Urgency of Request: 1st Available: _____ 1-2 Days: _____ 1-2 weeks: _____ Other (specify): _____

Please fax ALL related medical records including all pertinent office notes, medications, drug allergies, most recent labs, procedures and pathology notes, and insurance cards.

Thank you for allowing Wilmington Health to serve your healthcare needs.

Confirmation: Your patient was contacted and appointment confirmed:

Date: ____/____/____ Time: _____ with _____