AFFILIATED DERMATOLOGISTS

10050 S. 27th St
Suite 200
Oak Creek, WI 53154
Phone: 262-754-4488
Fax: 262-754-4940

MOHS Referral Form

Requesting Physician/Health Care Professional (HCP) Information:

Date of Request	
Referring Clinician Name	
Phone Number	
Fax Number	

Patient Information:

Patient Name	
Date of Birth	
Phone Number	
Alt. Phone Number	
Street Address	
City, State & Zip	
Insurance	

Check type of skin cancer being treated by MOHS:

___ Basal cell carcinoma

___ Squamous cell carcinoma

___ Other _____

Please fax or email this completed form along with pathology report, demographic face sheet, and color photo of the site (if available) to 262-754-4940 or mohs@affiliatedderm.com. If the patient is in your office and you need immediate service, please call our office at 262-754-4488