

Michael J. Redmond, MD, FAAD | Shane O'Neil, PA
14330 Oakhill Park Ln Suite 135, Huntersville, NC 28078 | 704-544-7832

PROVIDER REFERRAL FOR DERMATOLOGY APPOINTMENT

Dear referring provider, please note that this form is provided as a simple way for you to refer someone to our office. It is not intended to replace any electronic referral request or prior authorization process required by your patient’s insurance company. If that is the case, please follow your patient’s insurance requirements for submitting a referral and send it to our office via fax at **704-266-1196** Thank you!

Patient Information:

_____ Name _____ DOB _____ Phone Number

Insurance Name & Member ID: _____

Diagnosis/Reason for Referral:

Referring Provider Information:

_____ Physician Name _____ NPI _____ Specialty

_____ Phone Number _____ Fax _____ Email Address

Address: _____

Special Appointment Requests (Physician/Timeframe): _____

Please FAX the patient’s demographic information & applicable office notes and labs to: **704-266-1196**

Person Completing this Form:

_____ Name and Title _____ Phone Number _____ Date

Thank you for your referral and please call with any questions!