

MOLE/NEVI/CYST/SKIN TAG REFERRAL INFO

To be completed by referring Dermatologist:

PT NAME:	
DATE OF BIRTH:	
SOCIAL SECURITY #	
CONTACT PHONE #	
DIAGNOSIS:	Mole Nevi Skin Tag Cyst
PROCEDURE(S):	Excision of above
LOCATION:	
SIZE:	
SIDE:	Left Right Bilateral
ALLERGIES:	

Please attach any office notes regarding this patient.

To be completed by DHMC Plastic Surgery:

CASE LOCATION:	Minor Surgery
ANESTHESIA:	Local
CASE LENGTH:	30 min 45 min 60 min
PRECAUTIONS:	discontinue NSAID's, ASA 10 days preop
SURGEON:	CLK EDC CPD MAS JMR