Dartmouth Health	Dartmouth Hitc Clinics	hcock	Phone: Fax: Medically Urgent Fax:	(603) 650-3100 (603) 676-4080 (603) 640-1909	
Referring Provider:			Office Phone:		
	ctice Name: Fax:				
	PCP Name:				
Patient Name:		MRN#			
DOB: Cell Phone	Home Ph	Home Phone			
Mailing Address:					
Will a supplied interpreter be needed					
Health Insurance:	S	Subscribers Name:			
		Group# Subscribers DOB			
Referral for Dermatology	/				
Thank you for this referral. Please comp forms will not be processed until all perti request. Upon receipt of referral, a staff	nent information is provided for	the referral.	This may result in an unnecessary		
Requested Services					
Patient would like to establish rout	tine skin care				
Dermatologic Concern/Description	n:				
Suspected Diagnosis:					
Personal history of melanoma: Q	es 🗅 No 🛛 Fam	nily history	of melanoma: 🛛 Yes 🗳 No		
If available, please provide copies	of any relevant tests or bi	opsy repo	orts.		
Dermatology Triage Guidelines					
Most Urgent (seen within 48-72 ho	ours)				
✓ New or changing pigmented lesion	n 🖌 Erupt	ive rash (r	new/concerning)		
Ruptured cystUlcerated hemangioma	 Bullous dermatoses (blisters/ blistering rash) 				
Semi Urgent (seen within 2 weeks)				
✓ Eczema and psoriasis flares / der✓ Hemangioma	matitis 🖌 🖌 Skin	lesions cor	ncerning for non-melanoma skin	cancer	
Least Urgent (next available appo	intment)				
 Chronic rash 	✔ Cosn	netic conce	erns (including skin tags) \		
✓ Onychomycosis and other nail con					
✓ Acne					
Actinic keratosisBirth marks	✓ Warts	s/molluscu	m		
The examples above are guidelines, office at (603) 650-3100 to speak with			r need a patient seen urgently, p	lease call our	