



NEWPORT BEACH
DERMATOLOGY &
PLASTIC SURGERY

1441 AVOCADO AVENUE, SUITE 702 | NEWPORT BEACH 92660
 27512 CALLE ARROYO | SAN JUAN CAPISTRANO 92675

Please FAX letter to 949-706-0681 or email to info@newportbeachdps.com, and we are happy to reach out to the patient and find an appointment that works for them.

DERMATOLOGY CONSULTATION REQUEST LETTER

Patient Name: _____ DOB: _____ Phone: _____

During the course of our treatment, the patient has developed symptoms that require further expertise in dermatology. The patient's current skin symptoms include:

- Itching Bleeding Growth Pain Scarring

I have performed the following relevant tests and procedures and have prescribed medications and treatments, but the patient's symptoms have not improved significantly. Previous treatment(s):

I believe that a specialist opinion is necessary to determine the best course of action. Based on my examination and patient history, I am referring this patient to you for consultation regarding:

- | | | |
|------------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Rash | <input type="checkbox"/> Wart | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Skin cancer treatment | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Concerning growth | <input type="checkbox"/> Vulvar dermatology | <input type="checkbox"/> Healthy aging |
| <input type="checkbox"/> Acne or Rosacea | <input type="checkbox"/> Scarring | <input type="checkbox"/> Hormone evaluation |

Timeframe:

- Emergency 1-3 days Urgent: 1 week Next available: 1-2 months

REFERRING DOCTOR _____

Preferred form of contact with consultation notes or letter:

- I prefer a call at this number _____
- I prefer medical notes or letter sent to _____

(fax, email address, or physical address)

I prefer to refer to the following provider at Newport Beach Dermatology and Plastic Surgery for patient consultation:

- | | |
|------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> No preference on physician | <input type="checkbox"/> No preference on provider |
| <input type="checkbox"/> Anne Marie McNeill, MD, PhD, FAAD | <input type="checkbox"/> Jennifer Moller, PA-C |
| <input type="checkbox"/> Christopher Ellstrom, MD, FACS | <input type="checkbox"/> Kristin Scord, PA-C |
| <input type="checkbox"/> Robin Lewallen, MD, FAAD | <input type="checkbox"/> Elizabeth Velez, PA-C |
| <input type="checkbox"/> Larisa Lehmer, MD, FAAD | |
| <input type="checkbox"/> Anny Xiao, DO, FAAD | |
| <input type="checkbox"/> Tia Paul, MD, FAAD | |
| <input type="checkbox"/> Meena Verma, MD, FACP | |