



**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](mailto: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"/> <b>No preference on physician</b> | <input type="checkbox"/> <b>No preference on provider</b> |
| <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           |   |