

## Request for Dermatology Consultation

**Patient name:**

**Patient phone #:**

**Reason for request:**

**Who would you like to schedule the patient's appointment (please circle):**

**Advanced Dermatology**

**Your Office**

**Patient to call**

**We will schedule your patient with the 1<sup>st</sup> available provider unless you prefer a specific individual. If so, please tell us who you prefer: \_\_\_\_\_**

**Please fax this form to 573-335-7550. We can be contacted at 573-335-SKIN (7546)**

### Information for Patients

At Advanced Dermatology of Southeast Missouri, we look forward to caring for your dermatology needs. Please call if you have questions about your upcoming appointment or visit our website at [www.dermsemo.com](http://www.dermsemo.com) for information about the clinic. For your upcoming appointment there are a few items that are required to ensure a smooth visit.

- Picture identification
- Completed registration paperwork, which can be mailed to you or downloaded at [www.dermsemo.com](http://www.dermsemo.com)
- Method of payment (Cash, Check, Card)
- **Insurance card if applicable-please call to verify that we accept the insurance plan**

#### **How to Find Us**

We are located at  
2116 Megan Dr., Suite 102  
Cape Girardeau, MO 63701  
Please call for additional  
assistance.

**573-335-SKIN (7546)**

