



HEARTLAND
DERMATOLOGY
and SKIN CANCER CENTER, PA

Thank you for choosing to refer your patient to Heartland Dermatology. We sincerely appreciate your trust in our team. To start the referral process, please complete and submit the referral form. We look forward to taking excellent care of your patient.

Patient Information:

Patient Name: _____

DOB: _____

Phone Number: _____

Address:

Street Address: _____

Address Line 2: _____

City: _____ State: _____ ZIP Code: _____

Clinical Information:

Diagnosis: _____

Location: _____

Size: _____

Referring Provider Information:

Provider and Contact Person: _____

Phone Number: _____

Check List:

Complete this form and submit by:

Faxing to 316-612-2420 or Emailing to mohsreferral@heartland-derm.com

Send the following attachments:

- Demographic and Insurance information for the patient
- Copy of pathology report

Submit photos of the surgical site with the site clearly marked:

Email: mohsreferral@heartland-derm.com

Send pathology slides to:

Mohs Department

1861 N Rock Road Suite 205

Wichita, KS 67206

We will contact the patient to schedule an appointment. Upon answering pre-operative questions, the patient will be provided date and time for surgery.