

REFERRAL FORM

**Dermatology and Mohs Surgery  
Skin Cancer Center**

110 Business Park Drive, Suite C  
Branson, Missouri 65616  
1230 East Kingsley St, Suite A & B  
Springfield, Missouri 65804

Phone: (417) 336-0033

**Douglas Leone, MD**

*Board-Certified Dermatologist  
Board-Certified Mohs Surgeon*

**Adrienne Schupbach, MD**

*Board-Certified Dermatologist  
Board-Certified Mohs Surgeon*

Referral Date: \_\_\_\_\_

Return FAX Number: (855) 710-6552

**Patient Information**

Patient's Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Patient's Date of Birth: \_\_\_\_\_ Responsible Party (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

\_\_\_\_\_ Other Phone #: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Consult Diagnosis: \_\_\_\_\_

Appointment Priority: ☐ First Available ☐ Urgent ☐ Other: \_\_\_\_\_

Preferred Office: ☐ Branson ☐ Springfield

**Appointment Guidelines:**

- Immediate appointments are available with all referrals typically being seen within 1-2 weeks.
- Please indicate "Urgent" if patient needs seen within next 1-2 days.
- We will contact the patient to schedule their appointment, however you can also provide the patient with our phone number so they can call to schedule.
- We are not currently accepting patients with a primary insurance of *Medicaid*.

Referring Provider: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

**\*\*For Office Use Only\*\***

Received Date: \_\_\_\_\_ Date Calls Attempted: \_\_\_\_\_  
Scheduled Date: \_\_\_\_\_ Notes: \_\_\_\_\_

Thank you for your referral!