UNIVERSAL
DERMATOLOGY & VEIN CARE
MEDICAL | SURGICAL | COSMETIC

7100 Graphics Way
Suite 3000
Lewis Center, OH 43035
Phone: 740-481-2600
Fax: 614-259-9944

MOHS Referral Form

Requesting Physician/Health Care Professional (HCP) Information:

Date of Request	
Referring Clinician Name	
Phone Number	
Fax Number	

Patient Information:

Patient Name	
Date of Birth	
Phone Number	
Alt. Phone Number	
Street Address	
City, State & Zip	
Insurance	

Check type of skin cancer being treated by MOHS:

___ Basal cell carcinoma

___ Squamous cell carcinoma

___ Melanoma

Please fax this completed form along with pathology report and demographic face sheet to 614-259-9944. We will fax you a confirmation of the appointment date/time. If the patient is in your office and you need immediate service, please call our office at 740-578-4897.