



Advanced Dermatology & Skin Surgery

George Hsieh, MD, FAAD

4155 Moorpark Ave, Suite 3

San Jose, CA 95117

TEL (408) 217-1905

Fax (408) 244-1318

www.AdvanDerm.com

PATIENT REFERRAL SLIP

Introducing: _____

Referring Doctor: _____

Phone #: (_____) _____ Date: ____/____/____

THIS PATIENT IS REFERRED FOR:

- ☐ Acne
- ☐ Skin cancer screening
- ☐ Rash
- ☐ Suspicious growth(s)
- ☐ Psoriasis
- ☐ Other: _____

PREVIOUS TREATMENT DONE BY REFERRING OFFICE:

COMMENTS:



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