

ADVANCED DERMATOLOGY OF OREGON

Dr. Maeran Chung Landers, MD PhD
Physician and Surgeon

Date _____

Patient Name _____

Patient D.O.B. _____

Patient Tel: _____

Ref. Physician _____

- Referral
- Consultation
- Urgent
- Previous biopsy and/or treatment

Total number of referral appointments _____

Preferred communication regarding patient

- MD to MD phone call
- Letter

Reason for referral (check one or more, indicate site if poss.)

- | | |
|--|--|
| <input type="checkbox"/> Acne / accutane | <input type="checkbox"/> Melanoma |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Mole check |
| <input type="checkbox"/> Birthmarks | <input type="checkbox"/> Nails |
| <input type="checkbox"/> Blisters | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Changing mole | <input type="checkbox"/> Pregnancy rash |
| <input type="checkbox"/> Cosmetic: wrinkles, spots | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Scars |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Skin care |
| <input type="checkbox"/> Infection (bact. , viral, fungal) | <input type="checkbox"/> Skin cancer / growths |
| <input type="checkbox"/> Itching | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Keratosis | <input type="checkbox"/> Warts |
| <input type="checkbox"/> Laser | <input type="checkbox"/> Other skin problem |

Note: _____
