

BOSWELL DERMATOLOGY

Phone: 559.439.3000 | Fax: 559.439.3004

5701 N. West Ave | Fresno, CA 93711 | www.boswelldermatology.com

J. Scott Boswell, MD

Vivian Young, FNP

Kristie Cyrus, FNP

Fax this form to make a referral

Referring Physician: _____ Phone: _____

PCP (if different from referring): _____

Patient Name: _____

Patient Home Phone: _____ Patient Cell: _____

Diagnosis (required): _____

REQUIRED PATIENT INFORMATION

- Copy of referral
- Copy of patient insurance card and demographics
- Copy of last chart notes
- Copy of pathology report (if applicable)

NOTE: All information is needed to schedule an appointment

Special Instructions: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Appointment Date: _____ Time: _____ Contact Person: _____

Board Certified Dermatologist providing:

General Dermatology | Pediatric Dermatology | Adolescent Dermatology | Phototherapy | Dermatologic Surgery

Thank you for referring your patient to our office.