# Request for Consultation

Date: ______________________

Referring Physician: ________________________________________ Phone: _______________________________

Contact Person: ___________________________________________ Fax: _________________________________

**CHOOSE A LOCATION AND PROVIDER:**

**Emporia Dermatology** 1602 W 15th Ave, Ste. D, Emporia, KS 66801 P: 620-208-8518 F: 620-208-8520
☐ First Available ☐ Preference: __________________________________________________

**Independence Dermatology** 19101 E Valley View Pkwy, Ste. A, Independence, MO 64055 P: 816-795-3353 F: 816-795-3354
☐ First Available ☐ Preference: __________________________________________________

**Kansas City Dermatology** 8919 Parallel Pkwy, Ste. 380, Kansas City, KS 66112 P: 913-788-7099 F: 913-788-7065
☐ First Available ☐ Preference: __________________________________________________

**Lawrence Dermatology** 3511 Clinton Place, Ste. A & C, Lawrence, KS 66047 P: 785-331-4488 F: 785-331-4338
☐ First Available ☐ Preference: __________________________________________________

**Leavenworth Dermatology** 3550 S 4th St, Ste. 250 (Inside St. John Pavilion), Leavenworth, KS 66048 P: 913-565-2569 F: 913-565-2571
☐ First Available ☐ Preference: __________________________________________________

**Leawood Dermatology** 11301 Nall Ave, Ste. 205 (Inside BMO Harris Bank Bldg), Leawood, KS 66211 P: 913-451-5934 F: 913-451-4716
☐ First Available ☐ Preference: __________________________________________________

**Manhattan Dermatology** 4201B Anderson Ave, Ste. 2, Manhattan, KS 66503 P: 785-320-7774 F: 785-320-7758
☐ First Available ☐ Preference: __________________________________________________

**Mission Dermatology & Hair Center** 5820 Lamar Ave, Ste. 200, Mission, KS 66202 P: 913-631-6330 F: 913-631-6222
☐ First Available ☐ Preference: __________________________________________________

**Olathe Dermatology** 801 N Mur-Len Rd, Ste. 112, Olathe, KS 66062 P: 913-738-8033 F: 913-738-8034
☐ First Available ☐ Preference: __________________________________________________

**Topeka Dermatology** 2921 SW Wanamaker Dr., Topeka, KS 66614 P: 785-272-6860 F: 785-272-5839
☐ First Available ☐ Preference: __________________________________________________

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**PATIENT INFORMATION:**

Patient's Full Name: _______________________________________________ Date of Birth: ____________________

Address: _______________________________________________ City/State/Zip: ____________________________

Primary Phone: ___________________________________ Alternate Phone: __________________________________

Insurance Carrier: _________________________________ Insurance ID: ____________________________________

Policy Holder's Name: ____________________________________ Policy Holder's Birth Date: ____________________

Diagnosis/Symptoms (*please be as specific as possible):* _____________________________________________

____________________________________________________________________________________________

Biopsy Completed: ☐ Yes ☐ No (*please attach pathology report)* KMC Called: ___________________ (date/time)

Updated: 5/2023

# Request for Consultation

☐ Patient NOT Scheduled ☐ Patient Scheduled ___________________ (date/time)

Special Scheduling Request: ______________________________________________________ OR FIRST AVAILABLE

***Fax this form to the appropriate location with any applicable forms including: office notes, x-rays, lab, pathology results, copy of insurance cards, and any scans/special procedures.***

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**FOR KMC OFFICE USE:**

Procedure/Consult Date: ___________________________________ Time: _____________________________

Faxed to Referring Physician: _______________________________ Date: _____________________________

***Please have patient call appropriate location to reschedule appointments.***

Updated: 5/2023