

**HealthPartners®****Park Nicollet®**

Contact Dermatitis Clinic

Expert contact dermatitis treatment in Minnesota

Dr. Kimberly Arrington | Dr. Sara Hylwa | Dr. Katherine Lee | Dr. Anne Neeley | Dr. Solveig Ophaug

Date of Request:	
Patient Name:	
DOB:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:
Phone Number:	Okay to leave voicemail: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	
Interpreter Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, language:
Body Areas of Dermatitis:	
Referring Provider:	
Clinic Name:	
Clinic Phone Number:	
Clinic Fax Number:	
Dental Implant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Metal Testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photo Patch Testing Needed: <i>(Different from Patch Testing)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Specialized testing for patients in whom light may cause or exacerbate their rash.
Urgent:	<input type="checkbox"/> Yes <input type="checkbox"/> No Procedure Date: _____ Reason: _____
Insurance may ask for: CPT Diagnosis Code 95044 Dermatitis L30.9 Park Nicollet Clinic Tax ID NPI 410834920 1780621904	Please attach the following: <input type="checkbox"/> Patient's demographics <input type="checkbox"/> Copy of insurance card <input type="checkbox"/> Related visit notes <input type="checkbox"/> Skin biopsy results <input type="checkbox"/> Previous patch testing results <input type="checkbox"/> Details of materials used in surgical procedure Please fax all documents to 952-883-9746.

Thank you for your referral. Our clinic will contact the patient directly to schedule their appointment. Please note that it may take **10–14 business days** for the patient to receive a call, as all referrals are reviewed by our patch testing dermatologists prior to scheduling.