



HealthPartners®

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## Referral to Park Nicollet Contact Dermatitis Clinic for Patch Testing

Dr. Erin Warshaw, Dr. Sara Hylwa and Dr. Anne Neeley

Date:	
Patient Name:	
DOB:	
Gender	Male / Female
Patient's Preferred Phone Number:	Ok to leave message: Y / N
Patient's Personal Email Address:	
Interpreter Needed:	Y / N      If yes, language:
Body Areas of Dermatitis:	
Referring Provider:	
Clinic Name:	
Clinic Phone Number:	
Clinic Fax Number:	<i>Please note if different fax number is needed for referring provider to receive copy of visit notes from testing</i>
Photo Patch Testing Needed: <i>(Different from Patch Testing)</i>	Y / N <i>Specialized testing for patients in whom light may cause or exacerbate their rash</i>

### Please attach:

- |  |  |
|--|--|
| <input type="checkbox"/> Patient's demographic information | <input type="checkbox"/> Related visit notes |
| <input type="checkbox"/> Copy of insurance card            | <input type="checkbox"/> Skin biopsy results |

Total number of pages in this referral: \_\_\_\_\_

**Fax completed form to 952-883-9746**

**Note it may take up to 2 weeks for referred patient to receive call for scheduling and we are unable to schedule unless all of the above documents are received**

**Thank you for this referral!**