



Please fax to **781-235-2665** and please attach pathology report and any photographs to this cover sheet

Date: \_\_\_\_\_

**Referral to Carin Litani, MD, for:**

Mohs surgery    Excision    Scar revision

Other: \_\_\_\_\_

**Referral from:**

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Has the patient been notified of the results:

Yes    No

Does the patient need a preoperative consult:

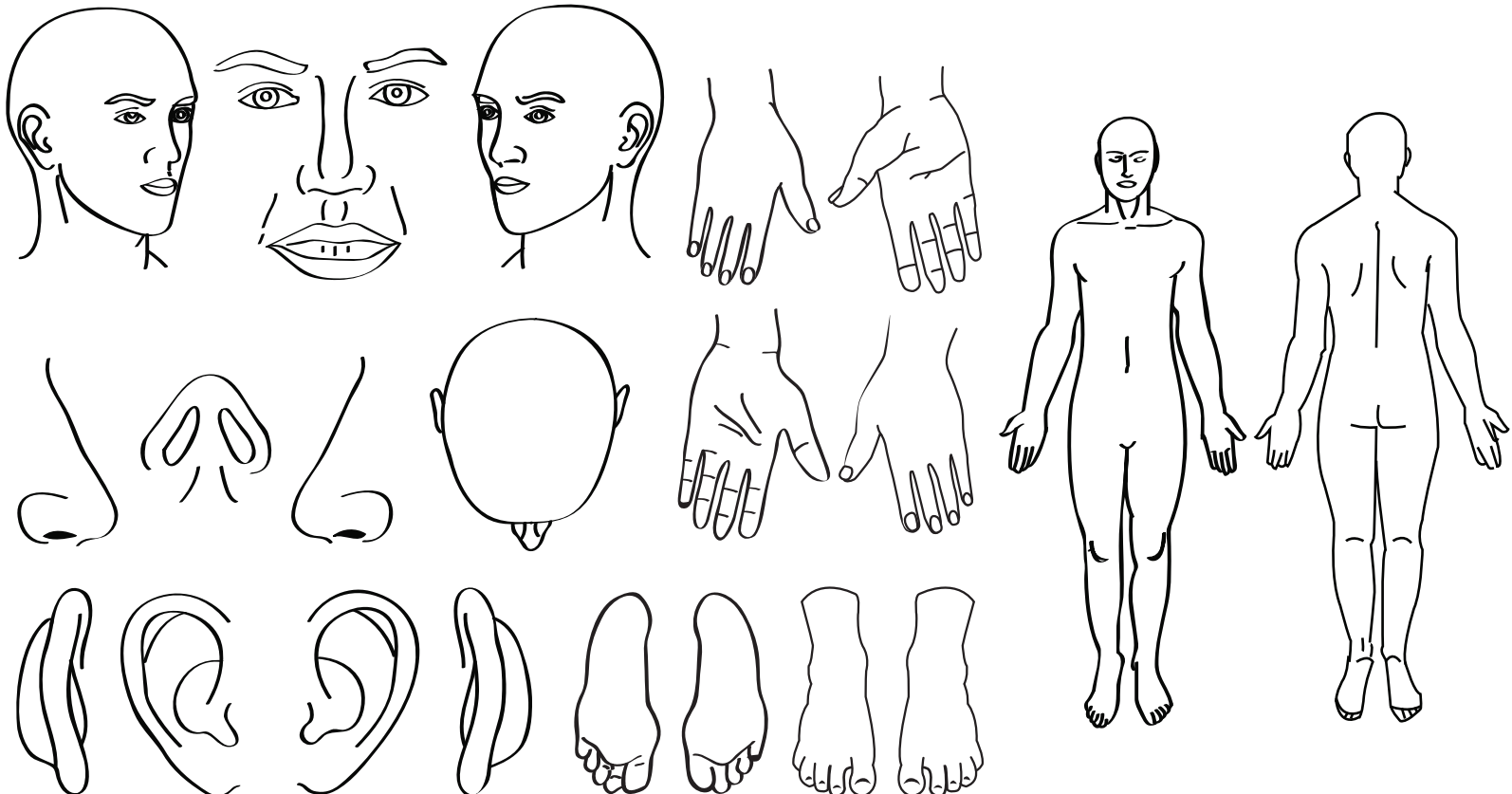
(Dr. Litani is happy to consult over the phone and at the time of the appointment if your patient is unable to visit the office ahead of time)

Yes    No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark location of skin cancer or lesion:



Additional referral forms can be found on the website under Dermatologic Surgery