

Penobscot Valley Dermatology, PA
381 Main St, Orono, ME 04473
Referral Form
Fax to (207) 947-3143

| | | | |
|---|--|--------------|------------|
| Patient Name: _____ | | DOB: _____ | |
| Reason for Referral: _____ | | | |
| Urgent (to be seen within 2weeks): YES___ NO___ <i>(If urgent, referring provider MUST call to discuss the referral)</i> | | | |
| Referring Provider: _____ | | NPI: _____ | |
| Name of Practice: _____ | | Phone: _____ | Fax: _____ |

Required Information

Demographic Sheet
Pathology/Lab Slip(s)

Office Notes
Insurance information

**** We MUST have insurance information in order to process referrals ****

NOTE: PVD does NOT participate with: MaineCare; QMB; UHC Medicare Advantage plans.

NOTE: Due to federal regulations, PVD cannot see patients who have QMB as either a primary or a secondary insurance.

If you have any questions regarding insurance coverage or participation, please call us.

**** The following will be returned to you to notify your patient ****

Appointment Date/time: _____

PVD Provider: _____

Once you receive confirmation of scheduled appointment, please contact patient with date and time as we do NOT call. Thank you!

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