

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

Patient Name: _____		DOB: _____	
Reason for Referral: _____			
Urgent: YES___ NO___			
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 or any Medicare "Advantage" plans except Martin's Point Generations, Aetna, Anthem and Today's Options.

If you have any questions, please call.

**** The following is for the PVD Employee responding to your referral request ****

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!