



MOHS Referral Form

Thank you for choosing to refer your patient to Heartland Dermatology. We sincerely appreciate your trust in our team. To start the referral process, please complete and submit the referral form. We look forward to taking excellent care of your patient.

If you would prefer to fill this form out online please go to: <https://heartland-derm.com/refer/>

Patient Name: _____

DOB: _____ Phone Number: _____

Address:

Street Address: _____

Address Line 2: _____

City: _____ State: _____ ZIP Code: _____

Diagnosis: _____

Location: _____ Size: _____

Provider and Contact Person: _____

Phone Number: _____

Check List:

Complete this form and submit by Fax to 866-294-7546 or Email to mohsreferral@heartland-derm.com

Send the following attachments:

- Demographic and Insurance information for the patient
- Copy of pathology report

Submit photos of the surgical site with the site clearly marked to mohsreferral@heartland-derm.com

Send pathology slides to:

Mohs Department

1861 N Rock Road Suite 205

Wichita, KS 67206

We will contact the patient to schedule an appointment. Upon answering pre-operative questions, the patient will be provided date and time for surgery.