



## 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/>

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

Patient DOB: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_

Patient 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 316-612-2420 or Email to [mohsreferral@heartland-derm.com](mailto: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](mailto:mohsreferral@heartland-derm.com)

Send pathology slides to:

Mohs Department

9300 E 29th St N, Bldg 300

Suite 320 Wichita, KS 67226

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