

Advanced Dermatology of Alaska

MOHS SURGERY REFERRAL FORM

Complete and fax to 1-844-670-3889. You may also contact our office by phone at (907) 267-5890 or through Klara. Mohs surgery is performed at the Wasilla and Anchorage locations.

Biopsy-site photos may be faxed with records or sent securely via Klara. If the referring office does not have a photo, the patient may photograph the biopsy site and bring the photo on the day of surgery. One lesion is treated per surgery.

Patient Information

Last name First name Middle initial Date of birth

Street address

City State ZIP

Contact phone number 1 Contact phone number 2

Referring Provider Information

Referring physician name Referring provider NPI

Person submitting referral Best callback contact

Clinic name

Clinic phone Clinic fax

Pathology and Lesion Details

Pathology accession number

Biopsy date

Diagnosis

Lesion number

Lesion type

Lesion size if known

Lesion location

Prior treatment to the site, if any

Note: One lesion is treated per surgery.

Medical Considerations

Scheduling and surgical-planning flags only. This is not a full medical history.

Anticoagulant use	Yes	No	Notes
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Which anticoagulant, if known

Pacemaker or defibrillator	Yes	No	Notes
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Immunosuppression	Yes	No	Notes
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Mobility or transfer needs	Yes	No	Notes
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Interpreter needs	Yes	No	Notes
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Antibiotic prophylaxis concern	Yes	No	Notes
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Other scheduling considerations

Preferred Location

Wasilla

Anchorage

Attachments Checklist

Pathology report attached

Biopsy-site photo attached or sent via Klara

Insurance card front and back attached

Additional Comments

Do not send this completed form or patient records by unsecured email. Please fax to 1-844-670-3889 or use another secure method such as Klara.