



Paul T. Martinelli, M.D., F.A.A.D.
James D. Russell, M.D., F.A.A.D.
Board Certified Dermatologists
Fellowship Trained Mohs Surgeons

4716 Alliance Blvd., Suite 150
Plano, TX 75093
Phone (469) 467-6647
Fax (469) 467-6648
www.txskinsurgery.com

New Patient Referral Form

Patient Name (First, Middle, Last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Date of Birth: _____

Social Security Number: _____ Gender (M or F): _____

Tumor Type: _____ Location: _____

Tumor Type: _____ Location: _____

Tumor Type: _____ Location: _____

Tumor Type: _____ Location: _____

Patient is being referred for:

Mohs surgery Excision Biopsy Other: _____

Please indicate preference below:

Texas Skin Surgery Center will call patient for an appointment.

Patient will call Texas Skin Surgery Center for an appointment.

Referring Physician: _____ Phone: _____

Please include copies of pertinent pathology reports and insurance cards with this form.

Thank you.