



## Pediatric referral to Dr. Julie Cantatore-Francis at Dermatology Physicians of CT

Thank you for referring your pediatric patient to us. To ensure proper scheduling, please fill out the form and fax to us: 203-538-5685 or send as a text message via our secure messaging system: 203-528-0285

Select if patient can be seen by any other dermatologist in the practice (most common for treatment of acne, molluscum, wart).

Today's date: \_\_\_\_\_

### Referring practice information

Practice name: \_\_\_\_\_

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Patient information

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

DOB: \_\_\_\_\_

Parent/ Guardian name: \_\_\_\_\_

Parent/ Guardian phone number: \_\_\_\_\_

Insurance: \_\_\_\_\_

Referral reason:

\_\_\_\_\_

List of medications/ treatments already tried:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Urgency of appointment (choose one). Appointment within:

A week    A month    Next available

Please include last visit note and any other pertinent lab tests or culture results.

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Grace Bandow, MD  
Julie Cantatore-Francis, MD  
Elle de Moll, MD  
Tyler Durazzo, MD

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