DERMATOLOGY PHYSICIANS
OF CONNECTICUT

Pediatric Dermatology Referral at Dermatology Physicians of CT
Dr. Julie Cantatore-Francis (Shelton, Norwalk)

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.

Please include last visit note and any other pertinent lab tests or culture results.
Incomplete referrals won't be considered.

☐ 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:

_____
_____

Working diagnosis:

_____
_____

List of medications/ treatments already tried:

_____
_____
_____

Urgency of appointment (choose one). Appointment within:

☐ A week ☐ A month ☐ Next available