



# KNOTT STREET

DERMATOLOGY

## REQUEST FOR DERMATOLOGY SERVICES

### KNOTT STREET DERMATOLOGY, PC

ERIC L. HANSON MD / HEH SHIN KWAK MD / AARON LOYD MD / CRAIG R SCHULTZ NP

#### MAIN OFFICE

301 NE Knott Street  
Portland, OR 97212

PHONE 503-253-3910 FAX 503-253-4297

#### MILWAUKEE OFFICE

10330 SE 32nd Ave, Suite #330  
Milwaukie, OR 97222

KNOTT STREET DERMATOLOGY USE ONLY	
NAME	_____
MR #	_____
APPT SCHEDULED	_____
DATE SEEN	_____

You have referred \_\_\_\_\_

to Dr Hanson, Dr Kwak, Dr Loyd and/or Craig Schultz at Knott Street Dermatology. This patient can be reached at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

The new Medicare guidelines for consultative services require that the intent of the request be clearly documented in the requesting physician's medical record and also in our medical record. Please help us to document and bill correctly for this patient by completing this form and faxing it to 503-253-4297.

Clinical Indication (why are we seeing this patient): \_\_\_\_\_

#### PLEASE SELECT ONE CATEGORY: (quoted areas are in Medicare's words)

**CONSULTATION:** I need consultation services for "advice, opinion, recommendation, suggestion, direction or counsel etc. in evaluating or treating" the above patient. Medicare stipulates that the request for consultative services recognizes that the receiving "individual has expertise in a specific medical area beyond the requesting professional's knowledge".

**TRANSFER OF CARE:** I would like you "to take over the responsibility for managing the patient's complete care for the condition and" I do "not expect to continue treating or caring for the patient for that condition".

In most cases we can see urgent patients either same day or next day and will see most routine consults by 1 week. Please help us select the most appropriate timeframe for the patient.

#### PLEASE SELECT ONE:

- STAT** (same day) Please call 503-253-3910 to arrange STAT or Urgent.
- Urgent** (within 48 hours)
- Timely** (within 5 business days)

#### REFERRING MD, DO, DPM, PA, NP (please print)

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_

FAX PHONE \_\_\_\_\_