



Please fax to **781-235-2665** and please attach pathology report and any photographs to this cover sheet

Date: _____

Referral to Carin Litani, MD, for:

Mohs surgery Excision Scar revision

Other: _____

Referral from:

Phone: _____

Fax: _____

Patient Information:

Name: _____

Date of birth: _____

Phone: _____

Has the patient been notified of the results:

Yes No

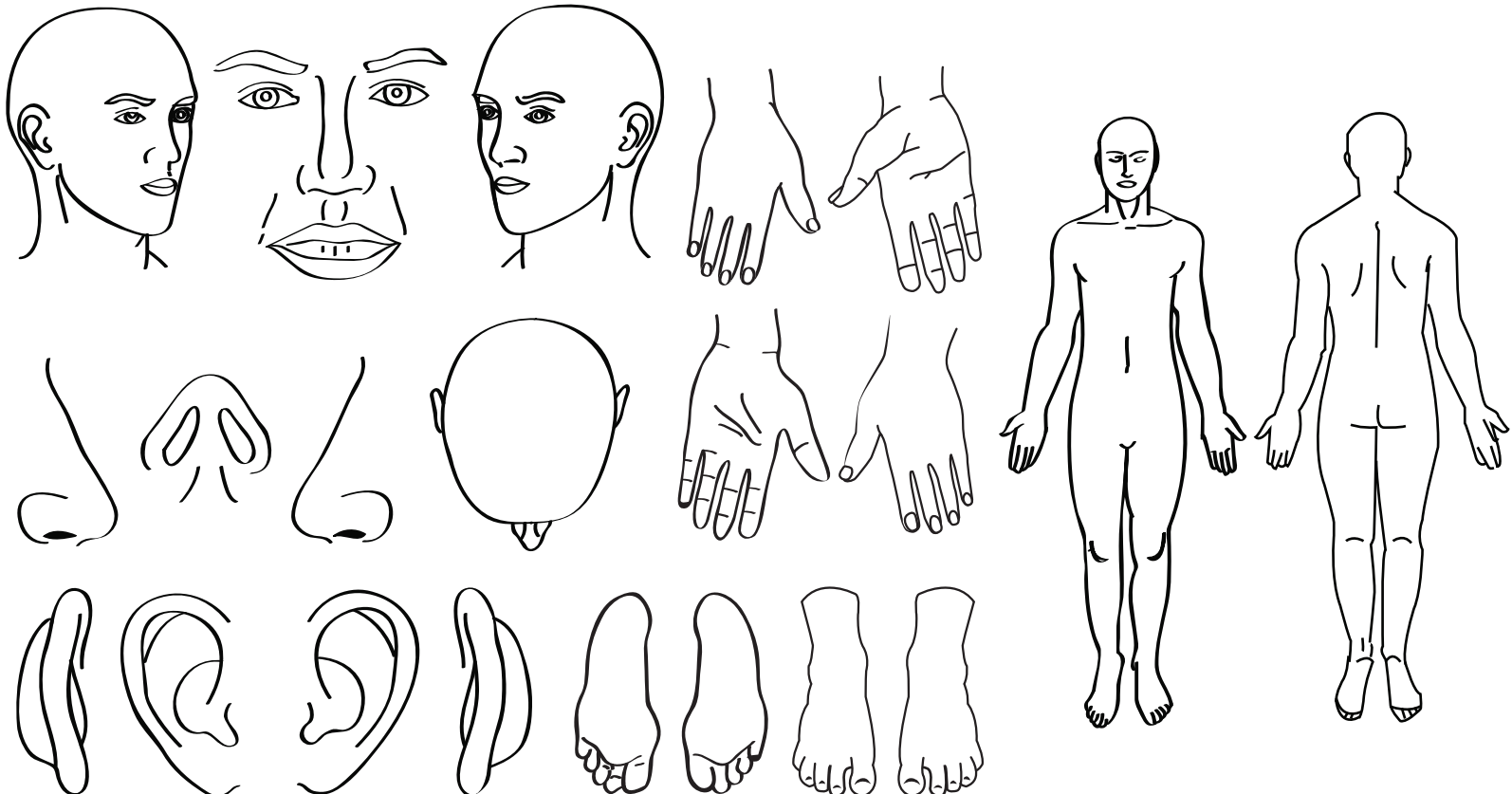
Does the patient need a preoperative consult:

(Dr. Litani is happy to consult over the phone and at the time of the appointment if your patient is unable to visit the office ahead of time)

Yes No

Comments:

Please mark location of skin cancer or lesion:



Additional referral forms can be found on the website under Dermatologic Surgery