

Advanced Dermasurgery Associates Consult Form

Dr. Michael Kelly-Sell, MD

Dr. David Wright, MD

Dr. William Posten, MD

Office: 972-726-6647 x 2460

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www.TopMohs.com

Date: _____

Referral From
Physician Name: _____
Phone: (_____) _____
Fax: (_____) _____
Nurse/Contact: _____

Referral For
Dr. Michael Kelly-Sell, MD _____
Dr. David Wright, MD _____
Dr. William Posten, MD _____
First Available Doctor _____

Patient Name _____ DOB _____

Primary Phone Number _____ Secondary Phone Number _____

A) Working Diagnosis _____ Location _____ Size _____

Comments: _____

B) Working Diagnosis _____ Location _____ Size _____

Comments: _____

C) Working Diagnosis _____ Location _____ Size _____

Comments: _____

D) Working Diagnosis _____ Location _____ Size _____

Comments: _____

Please include a copy of the pathology report, demographics, AND a copy of the insurance cards.

Please fax records to: 972-726-6797

Please feel free to contact our office for a secure email address if needed.

Direct email address available upon request.

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Dallas, Texas 75251

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Irving, Texas 75063

2570 Justin Road, Ste 160
Highland Village, Texas 75077