



**JUSTIN C. ELLERBROEK, MD
ALENA D. ELLERBROEK, ARNP**

Consultation Request

Requesting Physician/Health Care Professional Information: PLEASE PRINT

Date of Request	
Dr/HCP Name	
Phone Number	
Fax Number	
Name of Person Completing Form	

Patient Information: PLEASE PRINT

Patient Name		
Date of Birth		
Phone Number		
Street Address		
City, State, Zip		
Insurance		
Reason for Consult		
Pt. Preferences	Day of week?	AM or PM?
Biopsy done?	YES OR NO	(Please include pathology report)

If referring for biopsy proven skin cancer, does the skin cancer require:

- Further treatment (i.e. excision, Mohs) Establish Care (skin cancer already treated)

Check type of appointment needed below. Please include chart notes and insurance card.

If a patient appears emergent and needs to be seen today, please call our office.

Urgent

See in 1-2 business days

Routine

See in 1-3 weeks

Please fax your request to 319-234-6001

We will fax a confirmation of the appointment date and time.
If you need immediate assistance, please call us at 319-234-6000.

This form can be found at www.iowapremierderm.com/patients.html#Forms

441 E. San Marnan Drive, Suite 110, Waterloo, Iowa 50702

Office (319) 234-6000 Fax (319) 234-6001 www.iowapremierderm.com