

We sincerely appreciate your trust in **Knoxville Dermatology Group** for the care of your patients. We take great pride in providing prompt and courteous appointment scheduling.

TWO EASY WAYS TO SCHEDULE MOHS SURGERY

1 REFERRAL EMAIL SHEET: Please fax this form to Surgery Scheduling **ATTN: Mohs Surgery at 865-342-5857** along with **1) Pathology report, 2) Color Photo (preferred) or diagram confirming lesion location, 3) Copy of insurance information and 4) Demographic Sheet.**

Date: _____

Number of Pages: _____

Referring Physician: _____

Referring Physician Office Contact Person & Direct Phone #:

Patient Name: _____

Date of Birth: _____

	<small>Physicians</small>	<small>Locations</small>	
Requested Physician	<input type="checkbox"/> Gathings	<input type="checkbox"/> Knoxville West - Fox Rd	<input type="checkbox"/> Sevierville
& Location:	<input type="checkbox"/> Hanggi	<input type="checkbox"/> Knoxville West - Fox Rd	
	<input type="checkbox"/> First Available		

Lesions to be treated: (if there are malignancies on the path report that are being treated elsewhere or by your office please make a note)

Additional Information:

We will contact the patient to schedule an appointment. **Upon answering pre-operative questions, the patient will be provided date and time for surgery.**

2 Contact Mohs Surgery at 865-690-9467 ext. 4264.

When calling please have the following information ready:

- Patient name and DOB.
- Name of referring physician.
- Preferred location: West Knoxville or Sevierville.
- Preferred surgeon: Rob Gathings, MD or Matt Hanggi, MD.
- Lesion location and diagnosis (If there are malignancies on the path that are being treated by your office or elsewhere please specify)

Once an appointment is made, please fax the following to Mohs Surgery at 865-342-5857: **1) Pathology report, 2) Color Photo (preferred) or diagram confirming lesion location, 3) Copy of insurance information and 4) Demographic Sheet.**