

Contact Dermatitis and Occupational Dermatology Clinic Referrals

- Referrals can be placed in three ways:
 - **Epic order** (type in: 'BWH Contact Dermatitis Program')
 - **Fax this form** (to: 617-232-1043), completed by referring provider's office
 - **Call (617-732-9090) and provide information from this form**
 - Member of referring provider's office can speak with our scheduling team or leave a voice message with referral information
- Information requested for **Epic order**: urgent vs non-urgent; general case description (e.g. eyelid dermatitis).
- Information requested for **Fax or Call (box below)**:

COMPLETED BY REFERRING OFFICE ONLY

- **Patient Name:** _____ (First); _____ (Last)
- **Patient Date of Birth:** _____ (Month); _____ (Day); _____ (Year)
- **Patient Telephone:** _____ (M) _____ (H)
- **Case description (e.g. eyelid dermatitis):** _____
- **Urgent:** Yes _____; No _____
 - If yes, reason: _____
- **Referring Provider/Office:** _____

