



Date: \_\_\_\_\_

Keith E. Schulze, MD  
15400 Southwest Freeway, Suite 150  
Sugar Land, TX 77478  
(281) 980-6647  
VIA FACSIMILE: (281) 980-6650

I am referring: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
DOB: \_\_\_\_\_

for:

Mohs Surgery     Excision     Other \_\_\_\_\_

for the following:

	<u>Diagnosis</u>	<u>Location</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

- A copy of the patient's pathology report is:
  - attached     will be forwarded when available
- No biopsy has been done

Please indicate preference below:

- Fort Bend Skin Cancer Center will call the patient to arrange an appointment.
- The patient will call Fort Bend Skin Cancer Center for an appointment.

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

CONFIDENTIALITY NOTICE:

The information contained in this transmittal belongs to the referring physician above and may include information that is confidential, privileged and protected from disclosure under applicable law. It is intended only for the use of the recipient named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, or distribution of this information is strictly prohibited. If you have received this transmittal in error, please immediately notify us by telephone at the number immediately above. Thank you.