



## Referral Request Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Medical Carrier: \_\_\_\_\_ ID#: \_\_\_\_\_  
\_\_\_\_\_

Date of Service: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Referring Provider's Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

### Referring to

#### Coastal Derm & Cosmetic Center

- 1539 Atwood Ave Suite 301, Johnston, RI 02919      Tel: 401-490-4515 Fax: 401-217-2942
- 750 Reservoir Ave, Cranston, RI 02910      Tel: 401-943-0761 Fax: 401-217-2942
  - Linda Hua Zhou, MD      NPI: 1770538563
  - Su Luo, MD      NPI: 1609165315
  - Laura Della Torre, MD      NPI: 1215086988
  - Michael Bharier, MD      NPI: 1336145135
  - Alicia Salisbury Vatter, FNP-C      NPI: 1265107023
  - Kaleigh Rapoza, NP      NPI: 1174200976

We are requesting an insurance referral for this date of service generated via an online insurance referral tool. Thank you.