HealthPartners Park Nicollet
Contact Dermatitis Clinic

Expert contact dermatitis treatment in Minnesota

Dr. Sara Hylwa | Dr. Katherine Lee | Dr. Anne Neeley | Dr. Solveig Ophaug

Date of Request:	
Patient Name:	
DOB:	
Gender:	☐ **Male** ☐ **Female** ☐ **Other:**
Patient's Phone Number:	**Okay to leave voicemail:** ☐ **Yes** ☐ **No**
Patient's Personal Email Address:	
Interpreter Needed:	☐ **Yes** ☐ **No** **If yes, language:**
Body Areas of Dermatitis:	
Referring Provider:	
Clinic Name:	
Clinic Phone Number:	
Clinic Fax Number:	
Dental Implant/Metal Testing:	☐ **Yes** ☐ **No** **If yes, please attach details of materials for used surgical procedure.**
Photo Patch Testing Needed: (Different from Patch Testing)	☐ **Yes** ☐ **No** **Specialized testing for patients in whom light may cause or exacerbate their rash.**
Urgent:	☐ **Surgery/Procedure Date: _____** ☐ **Reason:** _____ _____
Address: 7550 34th Ave S Suite 101 Minneapolis, MN 55450 **Phone:** 952-977-3450 ☐ **Procedure Code:** 95044 ☐ **PNC Tax ID:** 17806211904 ☐ **ICD-10Code:** DermatitisL30.9 ☐ **PNC NPI:** 410834920	Attach: ☐ Patient's demographics ☐ Previous patch testing results ☐ Related visit notes. ☐ Skin biopsy results ☐ Copy of insurance card ☐ Details of materials used in surgical procedure. Fax completed referral form and attachments to 952-883-9746. Total number of pages: _____

Our clinic will call the patient to schedule. It may take 10–14 business days for the referred patient to receive a call to schedule as all referrals are reviewed prior to scheduling by the patch testing dermatologists.
Our clinic will schedule patients based on availability/insurance coverage.