



Phone: (858) 247-0242  
3252 Holiday Court Suite 208  
La Jolla, CA 92037  
Fax: 858-332-1723  
Email: lajolla@arrayskin.com

## Phototherapy Referral Form

Date \_\_\_\_\_

Referring Provider \_\_\_\_\_

Practice Name \_\_\_\_\_

Provider Tel \_\_\_\_\_

Provider Fax \_\_\_\_\_

Patient's Name \_\_\_\_\_

Patient DOB \_\_\_\_\_

Patient Tel \_\_\_\_\_

- DIAGNOSIS  PSORIASIS       VITILIGO       ECZEMA  
 ALOPECIA AREATA    CTCL/MYCOSIS FUNGOIDES    MORPHEA  
 PRURITUS       GRANULOMA ANNULARE    OTHER \_\_\_\_\_

Additional Information \_\_\_\_\_

Practitioner's Signature (MD, DO, NP, or PA) \_\_\_\_\_