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26932 Oso Parkway, Suite 270  
Mission Viejo, CA 92691  
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COSTA MESA/NEWPORT  
1601 Dove St., Suite 184  
Newport Beach, CA 92660  
Fax: 949-757-0161

PLACENTIA/YORBA LINDA  
1075 Yorba Place, Suite 101  
Placentia, CA 92870  
Fax: 657-275-9228

SOUTH BAY  
2850 Artesia Blvd., Suite 208  
Redondo Beach, CA 90278  
Fax: 424-452-6034

WEST LOS ANGELES  
2990 South Sepulveda, Suite 208  
Los Angeles, CA 90064  
Fax: 310-479-0070

## Phototherapy Referral Form

Date \_\_\_\_\_

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

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

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

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

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

Patient DOB and 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) \_\_\_\_\_