

PORTLAND 
DERMATOLOGY
CLINIC_{LLP}

Ken K. Lee, M.D., P.C.
Mohs Surgery, Laser & Cosmetic Surgery

1414 NW Northrup St, Suite 600
Portland, OR 97209

Mohs scheduling number: (503) 445-2136 Fax: (503) 445-2137

To: Medical Records / Patient Records Request

Date: _____

Physician: _____

Phone: _____

Fax: _____

From: **Medical Records & Admin Specialist**

Fax: (503) 445-2137

Patient Name: _____

DOB: _____

This patient has been referred to **Dr. Ken Lee** for Mohs surgery and will be seen as a new patient in our office on _____.

**** PLEASE FAX the most recent chart notes as soon as possible as our physician would like them at the time of the appointment or for review prior to appointment if necessary.****

- CHART NOTES
- LABS
- PATHOLOGY REPORTS

Please call (503) 445-2136 if you have any questions. We appreciate your assistance.

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