



**DEPARTMENT OF DERMATOLOGY**  
**Micrographic Surgery & Dermatologic Oncology**

SkinCancerSpecialists

1977 Butler Boulevard, Suite E6.200  
Houston, TX 77030  
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Attn: Rosalinda Gutierrez, Scheduling  
[mohs-surgery@bcm.edu](mailto:mohs-surgery@bcm.edu)

Today's Date \_\_\_\_\_  Ida Orengo MD  Zeena Nawas MD  Jennifer Ranario MD  
Referring Physician \_\_\_\_\_  
Office Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Patient Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
DOB \_\_\_\_\_ Contact Phone \_\_\_\_\_

Is Patient New to Baylor College of Medicine, Dermatology?  Yes  No  
Pathology Report  Attached  No Biopsy Performed  
Photo of Lesion  Attached  No Photo Available

Diagnosis	Location	Size
(1) _____		
(2) _____		
(3) _____		
(4) _____		
Procedure(s) Requested	<input type="checkbox"/> Mohs Surgery	<input type="checkbox"/> Biopsy <input type="checkbox"/> Excision
Other Procedure _____		
Consultation Prior to Mohs Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Schedule Directly for Mohs Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	