



Dr. Brent A. Shook Dr. Robert Cook-Norris

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Date of Request: _____ Pages sent including cover: _____

Please select a physician:

- Brent A. Shook, M.D.
- Robert Cook-Norris, M.D.
- First available

Please select a location:

- North Woodlands
- The Vintage/Houston
- Cypress

Referring Physician: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Alt Phone: _____

- Please call patient Patient will call your office

- Mohs Surgery Mohs Consult Excision Other: _____

Diagnosis/Location (A): _____

Diagnosis/Location (B): _____

Diagnosis/Location (C): _____

Diagnosis/Location (D): _____

Diagnosis/Location (E): _____

- A copy of the patient's pathology report is attached No pathology has been done

Notes:

- large lesion > 2cm rapidly growing high risk pathology