



River Region
DERMATOLOGY & LASER



SKINCEUTICALS
ADVANCED CLINICAL SPA

PATIENT REFERRAL CONFIRMATION SHEET

CONFIDENTIAL

Date: 10/24/2022

To: _____ Phone #: 334-244-3281

Company: AUBURN MONTGOMERY STUDENT HEALTH SERVICES Fax #: 334-244-3396

From: Nakeita/Dr. Love Phone: 334-676-3366

Company: River Region Dermatology and Laser, PC

Fax #: 334-676-3367

PATIENT APPOINTMENT INFORMATION

Patient Name: SRI HARSHA TALAPANENI Date of Birth: 06/09/1994

Appointment Date: 01/12/2023 Appointment Time: 9:00AM

Patient Contacted Regarding Appointment:

☒
☐

Yes
No

*Thank you for referring your patient to
River Region Dermatology and Laser!*

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