



ARRAY SKIN THERAPY

Psoriasis and Vitiligo Treatment Centers

855-792-7729

Email: info@arrayskin.com

SOUTH ORANGE COUNTY
26932 Oso Parkway Ste. 270
Mission Viejo, CA 92691
Fax: 949-600-5324

NORTH ORANGE COUNTY
20162 SW Birch St. Ste. 260
Newport Beach, CA 92660
Fax: 949-757-0161

SAN DIEGO COUNTY
161 Thunder Dr. Ste. 209
Vista, CA 92083
Fax: 760-305-7013

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

WEST LOS ANGELES
2990 South Sepulveda Ste. 201
Los Angeles, CA 90064
Fax: 310-479-0070

PHOTOTHERAPY REFERRAL FORM

Date _____

Referring Provider _____

Provider Tel _____

Provider Fax _____

Patient's Name _____

Patient Tel _____

RX EXCIMER LASER

NARROWBAND UVB BOOTH

Frequency: _____

Frequency: _____

Per NP Discretion

Per NP Discretion

DIAGNOSIS PSORIASIS

ALOPECIA AREATA

VITILIGO

MORPHEA

ECZEMA

OTHER _____

Practitioner's Signature (MD, DO, NP, or PA) _____