

**Please fax completed form to 1-877-334-6623**

Destination# (DDI use only)

Practice Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 Suite/Building # \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Office phone: \_\_\_\_\_ Fax number: \_\_\_\_\_  
 Physician / PA Name: \_\_\_\_\_ NPI# \_\_\_\_\_  
 Physician Email Address: \_\_\_\_\_

**PATIENT CONTACT INFORMATION**

(Print legibly)

To effectively schedule and image your patient:

- Complete this form including **ICD-10 Codes** and **Signature Line**
- For additional images, use **Supplemental Image Request Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Work: (\_\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email (preferably not a work email): \_\_\_\_\_

**Whole Body Integumentary Photography**  Male  Female

Includes all patients with: Personal history or close family history of Melanoma, Dysplastic Nevi, or Atypical Nevi

**CPT Code 96904 - Under Special Dermatological Procedures**

Associated ICD-10 code(s)					
Personal History of other Malignant Neoplasm of Skin	Personal History of Malignant Melanoma of Skin	Family History of Malignant Neoplasm	Other Benign Neoplasm of Skin, Unspecified	Neoplasm of Uncertain Behavior	Current or past Malignant Melanoma location
<input type="checkbox"/> Z85.828	<input type="checkbox"/> Z85.820	<input type="checkbox"/> Z80.8	<input type="checkbox"/> D23.9	<input type="checkbox"/> D48.5	<input type="checkbox"/> C43._____, _____, _____, _____
Locations for Malignant Melanoma Code C43 <i>.0-lip   .10-eyelid   .20-ear   .30-Unspecified face   .4-scalp &amp; neck   .51-of anal skin   .52-skin of breast   .59-other part of trunk   .60-upper limb, incl. shoulder   .70-lower limb, incl. hip   .8-overlapping sites of skin   .9-other unspecified</i>					

Additional ICD-10 codes not listed above, comments, & Dx: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician signature: \_\_\_\_\_ Order date: \_\_\_\_\_

***If you have any questions, please call the DigitalDerm Patient Care Line at: 1 (800) 368-6223***