



Request for Grid Photography

Please complete the following information and return to fax number: 425-455-2766

Today's Date: _____ Patient's Name: _____

Date of Birth: _____ Gender: ___M ___F Phone #: _____

Address: _____

Diagnosis Code & Description: _____

Treatment Code: 96904 Grid photography

Clinic Name: _____

Requesting Physician: _____

Requesting Physician Address: _____

Phone: _____ Fax: _____

NPI: _____ Specialty: Dermatology

Appointment Date and Time**: _____

**24-hour notice is required for canceled or rescheduled appointments or a \$50.00 fee will be billed to the patient.

Grid photography is performed by Bo9 Photography (<http://bo9photography.com>).
All photos will be delivered to the office of the referring Physician.