

VALLEY DERMATOLOGY SPECIALISTS



Thank you for choosing to refer your patient to Valley Dermatology Specialist. We sincerely appreciate your trust in our team. We look forward to taking excellent care of your patient and treating them like family.

Valley Dermatology Specialists (VDS) is the newest bilingual full-service Dermatology clinic to open in the RGV. We are accepting new patients and scheduling for January 2025. We participate in most major insurance plans and Medicare. Unfortunately, we do not participate with Medicaid plans at this time. If you have questions about insurance coverage, we're here to help!

We offer extended office hours and are open Saturdays to help accommodate our patient's busy lives. Additionally, we take walk ins and offer great private pay options too. Your patient will be seen within 2-5 days after referral has been received.

At Valley Dermatology Specialists, we provide expert dermatologic care for patients of all ages, from pediatrics to seniors. Our team is dedicated to delivering personalized care for a wide range of skin, hair, and nail conditions, utilizing the latest and most advanced treatments available to ensure the best possible outcomes for every patient.

Some of the services we offer include:

- Comprehensive skin checks
- Skin cancer screenings and treatment
- Acne & rosacea treatment
- Adult & pediatric rashes
- Eczema management
- Hair loss solutions
- Psoriasis care
- Vitiligo care
- Preventive skin care
- Warts & molluscum treatment.
- Wrinkles and fine line reduction

And much more!

If you have a specific concern give us a call, we'd be happy to discuss how we can help!



Alfredo Siller Jr. MD



Doralia Flores APRN NP-C

Tuesday - Friday 9:00am-6:00pm

Saturday 8:00am-4:00pm

- \$ 956-230-6801
- 4937 S. Jackson Rd. Edinburg, Tx 78549
- Valley Dermatology Specialists
- ⊕ valleydermspecialists.com

Scan here to make an appointment



Thank you for choosing to refer your patient to Valley Dermatology Specialist. We sincerely appreciate your trust in our team. To start the referral process, please complete and submit the referral form below. If you would prefer to fill this form out online please visit our website: valleydermspecialists.com or scan QR code and fill out information requested.



Date of Request

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Requesting Physician/Health Care Professional (HCP) Information: PLEASE PRINT CLEARLY

Physician/HCP name Phone # Fax #					
Fax #					
. •					
Name of person completing this form					
		Patie nt	Information:	PLEASE PRII	NT CLEARLY
Patient	First Nam	e:	M	1.1:	Last Name:
Date of Birth					
Phone #					
Street Address					
City & State, zip					
Insurance					
Reason for referral/ consult					
Was a biopsy done?	YES	or	NO		(if so, please include pathology, photo or diagram)

If referring for a biopsy proven skin cancer:

does the skin cancer require further treatment (i.e excision, Mohs, etc.):

please fax the following to (956) 338-5668 or email to referral@valleydermspecialists.com

- Patient's current pertinent information regarding this specific referral diagnosis/reason (office notes etc)
- Patient Demographic Information sheet/ facesheet
- Copy of the front/back of their insurance card.
- Parent/Guardian information (Name/DOB) if the patient is a child (age 0 to 19)

Valley Dermatology Specialists 4937 South Jackson RD Edinburg, TX, 78539