

Teledermatology

New and Enhanced Features!

Key Highlights:

-  California network of board certified Dermatologists
-  Adult and pediatric
-  Easy to use referral process
-  Dermatoscope training available
-  Ask us about clinical training options with a ConferMED Dermatologist



eConsult Example Dermatology Specialist

DERMATOLOGY eConsult Request

Current Status: Submitted

Referral Information

eConsult ID: Status: Submitted Dialog Status:	Diagnosis: Procedure(s):	ICD Code: Qty:
Initial Dialog Auth Number: Decision Date: Appointment: Priority: <input type="checkbox"/> Expedite <input type="checkbox"/> Routine	Additional Notes: Message to Referrer: If you have any questions or feedback on this consult, please email support@confermed.com	

eConsult Dialog

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Date/Time:	From: PCP Name	To: DERMATOLOGIST
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eConsult:

30 yo M with no significant past medical history with 2+ week rash, new spots appearing daily. Recently treated for strep pharyngitis 12/7/18 with 10 days penicillin, completed treatment. Has taken penicillin in past without reaction. Hx of psoriasis, Ederm.

Date/Time:	From: DERMATOLOGIST	To: PCP Name
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Diagnosis:

Good morning,

The recent history of strep pharyngitis, the history of psoriasis, and the patient's age are all consistent with a post-strep guttate/inverse psoriasis flare. Strep is a well-documented precipitant of psoriasis, which is an inflammatory flare that is often very treatment responsive but sometimes sets off a more chronic disease course. Given these findings I do not routinely recommend biopsy at this time.

I recommend topical steroid therapy (such as 0.1% triamcinolone cream) BID x 2 weeks, then BID only on weekends. In two weeks start 0.005% calcipotriene cream BID M-F. For the groin/intertriginous areas, standard therapy is to use steroid-sparing agents such as tacrolimus ointment BID for long-term therapy, but for the near term I often pulse with triamcinolone just like the rest of the body to avoid confusion.

If the body surface area becomes large, the rash worsens or doesn't respond, the patient develops joint disease, or the patient is unable to wean off the steroids, then systemic therapy should be a consideration. This should be apparent in one month or so.

Thank you for the consult.



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For more information on ConferMED Teledermatology, contact **Maryann Souza**, Sr. National Sales Representative at maryann.souza@ConferMED.com