

Frequently Asked Questions - Dermatology Clinic

Q: What skin conditions do dermatologists treat?

A: Dermatologists treat conditions like acne, eczema, psoriasis, rosacea, skin infections, and skin cancer.

Q: Do I need a referral to see a dermatologist?

A: It depends on your insurance plan. Some require a referral from your primary care provider.

Q: How should I prepare for my dermatology appointment?

A: Bring a list of medications, your medical history, and any questions or concerns you have.

Q: Can a dermatologist help with hair loss?

A: Yes, dermatologists are trained to diagnose and treat various forms of hair loss.

Q: What can I expect during a skin cancer screening?

A: The dermatologist will examine your skin from head to toe for any unusual moles or spots.

Q: Is acne treatment covered by insurance?

A: Basic acne treatments are often covered, but cosmetic procedures may not be.

Q: How often should I visit a dermatologist?

A: Once a year for a skin check-up, or more frequently if you have skin issues.

Q: Are dermatology procedures painful?

A: Most procedures are minimally invasive with little to no discomfort.

Q: Can I get cosmetic procedures like Botox or fillers?

A: Yes, many dermatologists offer cosmetic services like Botox, fillers, and laser treatments.

Q: What is the difference between a mole and melanoma?

A: Moles are usually harmless, while melanoma is a serious form of skin cancer.

Q: Is it safe to use over-the-counter skin products?

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A: Yes, but it's best to consult your dermatologist for personalized advice.

Q: What should I do if I notice a new or changing mole?

A: Schedule an appointment with your dermatologist as soon as possible.

Q: Can dermatologists help with skin allergies?

A: Yes, they can diagnose and treat allergic reactions and recommend proper care.

Q: Are virtual dermatology appointments effective?

A: Yes, many conditions can be assessed virtually, though some require in-person visits.

Q: What treatments are available for eczema?

A: Treatments include moisturizers, topical steroids, and avoiding triggers.