

## **Contact Information**

**P:** 416.577.8359 **F:** 437.826.3707 A: Oakville

> 101, 2295 Bristol Circle Oakville, ON L6H 6P8

## **Standard Dermatology Consult Referral Form**

Fax to: 437.826.3707

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☐ Skin check

☐ Other:\_

Option 1		
Appleseed, John ID: 12345678 Chart: 102, 10201 Southprit Label Here Calgary, AB T2W 4XY 403-286-6888	Urgency:  ☐ Routine ☐ Urgent (< 2 weeks) Please provide reason under "Additional Information"	
Option 2 - Leave blank if above complete  Patient and Physician Information:		
Patient Last Name:	Given Name(s):	
Address:	City:Postal Code:	
	DOB:	
	Practice Phone Number: Practice Fax Number:	
Consultation request will not be considered unless all request Surgical & Medical Dermatology	ired information is submitted and complete  Elective Dermatology	
Mohs Micrographic Surgery   Location:	□ UV Therapy  Location:  Eczema □ Severity:  Psoriasis □ Severity:  Other □ Severity: □ PicoWay - Pigmented Lesions □ Vbeam - Vascular Lesions	
□ Melanoma (please attach pathology)   □ Photodynamic Therapy Location:   □ Benign lesion Location:   □ Rash   Location:   □ Duration:   Working Diagnosis:   □ Autoimmune diseases (diagnosis)   □ Eczema □ Psoriasis   □ Hair disease □ Nail disease   □ Hidradenitis suppurativa	Additional Information	

Revised: May 2023