

## **Contact Information**

**P:** 778.262.0880 **F:** 778.262.1333 **A:** Coal Harbour

62, 1055 Canada Pl Vancouver, BC V6C 0C3

## Standard Dermatology Consult Referral Form

Fax to: 778.262.1333  Option 1	
Option 2 - Leave blank if above complete Patient and Physician Information:	
Patient Last Name:	Given Name(s):
Address:	City: Postal Code:
Phone Number: PHN:	DOB:
Referring Physician:	Practice Phone Number:
Provider MSP	Practice Fax Number:
Provider address:	
Surgical & Medical Dermatology  Mohs Micrographic Surgery *Consultation Only, Eligible Surgery at Calgary North Location	Elective Dermatology
*Consultation Only, Eligible Surgery at Calgary North Location Location:	UV Therapy Location:
Duration:	Eczema  Severity:
Tumour size:	Psoriasis  Severity:
Biopsy done (please attach pathology): Yes ☐ ☐ Growth/Tumor/Lesion	
Location:	☐ PicoWay - Pigmented Lesions ☐ Vbeam - Vascular Lesions
Duration:	
Tumour size:	Skin Tightening
Biopsy done (please attach pathology): Yes □	No ☐ ☐ Body Contouring
	No  Rosacea
	No ☐ ☐ Melasma No ☐ ☐ CO2 Laser Treatments
	No ☐
Please specify:	Cyst Removal
☐ Melanoma (please attach pathology)         ☐ Photodynamic Therapy Location:         ☐ Benign lesion Location:       Size:         ☐ Rash	
Location:	
Duration:	
Working Diagnosis:	
□ Autoimmune diseases (diagnosis)     □ Eczema    □ Psoriasis	

☐ Hair disease☐ Nail disease☐ Hidradenitis suppurativa

☐ Skin check

☐ Other:\_

Revised: May 2023