CANADIAN DERMATOLOGY &
PLASTIC SURGERY CENTRE

1390 DON MILLS ROAD,
NORTH YORK,
ON, M3B 0A7

TEL: 416-244-8377
FAX: 416-840-3606
EMAIL: INFO@CANADIANDERMATOLOGY.COM

REFERRAL FORM

SPECIALTY

☐ DERMATOLOGY ☐ PLASTIC SURGERY

TIME FRAME AND/OR TYPE

☐ URGENT ☐ SEMI-URGENT ☐ ROUTINE

PATIENT INFORMATION:

PATIENT NAME:	GENDER:	DOB: (MM/DD/YYYY)
ADDRESS:	CITY:	POSTAL CODE:
HOME PHONE #:	CELL PHONE #:	EMAIL:
HEALTH CARD (VC):		

REASON FOR REFERRAL (DIAGNOSIS AND/OR CHIEF COMPLAINT):

	Dermatological Conditions	Plastic Surgery Conditions
	☐ Dermatitis	☐ Skin Cancer (BCC/SCC)
	☐ Psoriasis	☐ Melanoma
	☐ Acne	☐ Non-Infected Cyst
	☐ Skin Cancer/Lesion	☐ Benign Lesions
	☐ Skin Checks	☐ Ganglions

PERTINENT CLINICAL INFORMATION:

REFFERING PROVIDER:

NAME:	PHONE #:	Office Stamp
ADDRESS:	FAX #:	
BILLING NUMBER:	SIGNATURE:	