



# CANADIAN DERMATOLOGY CENTRE

1390 Don Mills Road  
North York, ON  
M3B 0A7

Tel: 416-244-8377 Fax: 416-840-3606

## **REFERRAL FORM**

### Specialty

- Dermatology Referral  
 Plastic Surgery Referral

### Time frame

- URGENT  
 SEMI-URGENT  
 ROUTINE

### **PATIENT INFORMATION**

PATIENT NAME:		DOB: (M/D/Y)
ADDRESS:	CITY:	POSTAL CODE:
HOME PHONE #:	CELL PHONE #:	GENDER:
HEALTH CARD:	VERSION CODE:	

### **REASON FOR REFERRAL (Diagnosis and/or chief complaint)**

Dermatological Conditions	Plastic Surgery Conditions
<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Basal Cell Carcinoma
<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Squamous Cell Carcinoma
<input type="checkbox"/> Acne	<input type="checkbox"/> Melanoma/Dysplastic Mole
<input type="checkbox"/> Skin Cancer/Lesion	<input type="checkbox"/> <b>NON</b> -Infected Cyst
<input type="checkbox"/> Skin Checks	<input type="checkbox"/> benign lesions

### **PERTINENT CLINICAL INFORMATION**

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### **REFERRING PROVIDER**

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