



DERMATOLOGY

☐ **Urgent**

Location:

#103 - 50 Acadia Avenue
Markham, Ontario L3R 0B3

Phone : 416-809-3789

Please Fax completed form to 647-480-0887

Patient Information

Name (Last, first):		Gender:
Date of birth (D/M/Y):	Daytime Phone number:	
Health card number:	Alternate Phone number:	

Reasons for Referral

☐ Suspicious/ Changing Lesion	☐ Rash/ Eczema	☐ Other :
☐ Biopsy/Procedure Assessment	☐ Hair Loss	
☐ Cyst/ Lipoma	☐ Ftigue	
☐ Psoriasis	☐ Skin/Nail Disorder	
	☐ Wart	

Clinical History / Specific Question

Physician Information

Name (Last, first):	Signature:
OHIP billing number:	
Phone number:	Fax number:

Attachments

☐ Relevant Reports Attached	☐ Photos Attached	☐ Pathology / lab results Attached
Referring Provider Signature:		Date:

"NO NEGATION"

"Seen within 1-4 weeks."