

Referral form for SimcoDerm Clinic

5 Quarry Ridge Rd. Suite 105

Tel: 705 5036333 Fax: 705 5036330

Type of referral:

Patient Demographic

- Elective
- Urgent (within 4 weeks)
- ASAP (Within 2 weeks) please call the office directly after fax.

The reason for referral:

- Dermatology
- Plastic Surgery
- General Surgery

Type of service required:

- Consultation
- Excision
- Biopsy

Location(s):

Referral Reason:

- BCC
- SCC
- Melanoma
- Lumps
- Others

Specify:

Patient is taking:

- NSAID
 - Plavix
 - Warfarin
 - Other anticoagulants
- (Please advise the patient to stop the above meds if a surgery is required)

Referring Doctor:	Fax:
Billing number:	Date:

List of other meds / comments: