

Referral form for SimcoDerm Clinic

5 Quarry Ridge Rd. Suite 105

Barrie, ON, L4M 7G1

Tel: 705 5036333 Fax: 705 5036330

Email: reception@simcoderm.com

Patient Demographic

The reason for referral:

- Cosmetic Medical Surgical

Type of service required:

- Consultation
 Excision
 Biopsy

Location(s):

Possible Diagnosis:

- BCC SCC Melanoma Lumps Others

Specify:

PLEASE SEND ALL OF PATIENT'S PAST MEDICAL HISTORY AND CURRENT LIST OF ALL MEDICATIONS ALONG WITH ANY DIAGNOSTIC RESUSTLS WITH YOUR REFERRALS. WE CAN'T ACCEPT ANY REFERRAL WITHOUT MENTIONED DOCUMENTS ATTACHED.

Referring Doctor:	Fax:
Billing number:	Date:

List of other meds / comments: