**Cutaneous Surgery Clinic**

**Minor Surgical Procedure Referrals (Lumps and Bumps)**

***Plastic Surgeon Referral Form***

**Fax:** 778-440-4551

**For “On Call” type referrals, please speak to the Plastic Surgeon on call at 250-590-4429**

All referrals will be reviewed by a Plastic Surgeon and a notification of who will see the patient will be sent.

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|  **Patient Information:** (affix label or complete) **Name:**  **PHN:**  **DOB:** (mm/dd/yyyy)  **Address:**   **Home Phone:**  **Alternate Phone: □** Cell **□** Work **□** Other:  (Phone Number)  **Email:**  **Secondary Contact:**  |  **Referring Physician:** (stamp or complete) **Name:** **MSP#:** **Address:** **Phone:** **Fax:** **If applicable, Walk-in Clinic name:** **Family Physician:** (if not referring MD) |

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|  **Date:** (mm/dd/yyyy) |  **Patient prefer to see:** Or “First Available Surgeon” □ Yes |  **Urgency:** **□ <** 1 week **□** < 4 weeks **□** Routine  |

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| **Provisional Diagnosis/Reason for Referral:** (please select at least one)  **□** Melanoma **□** SCC **□** BCC **□** Dysplastic Nevus **□** Benign Lesion **□** Other:   **Location: Size:** Treatment to date: **□** N2 **□** Aldara **□** Efudex **□** Radiotherapy **Previous Skin Cancers: □** No. □ Yes.  □ Medical History Attached or: |

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|  **□** Biopsy attached or □ cc’d to Cutaneous Surgery Clinic on biopsy pathology requisition  **□** Patient is taking the following anticoagulants:  Most superficial lesions can be removed while on blood thinners, but if required can anticoagulants be stopped? **□** Yes. **□** No. **□** Please discuss with me first. |

If you have received this fax in error, please contact the referring physician.

Thank you.