**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.