

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.

Patient Information: (affix label or complete) Name: PHN: DOB: (mm/dd/yyyy) Address: Home Phone: Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> 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" <input type="checkbox"/> Yes	Urgency: <input type="checkbox"/> < 1 week <input type="checkbox"/> < 4 weeks <input type="checkbox"/> Routine
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Provisional Diagnosis/Reason for Referral: (please select at least one) <input type="checkbox"/> Melanoma <input type="checkbox"/> SCC <input type="checkbox"/> BCC <input type="checkbox"/> Dysplastic Nevus <input type="checkbox"/> Benign Lesion <input type="checkbox"/> Other:	
Location:	Size:
Treatment to date: <input type="checkbox"/> N2 <input type="checkbox"/> Aldara <input type="checkbox"/> Efudex <input type="checkbox"/> Radiotherapy	
Previous Skin Cancers: <input type="checkbox"/> No. <input type="checkbox"/> Yes.	
<input type="checkbox"/> Medical History Attached or:	

<input type="checkbox"/> Biopsy attached or <input type="checkbox"/> cc'd to Cutaneous Surgery Clinic on biopsy pathology requisition <input type="checkbox"/> Patient is taking the following anticoagulants: Most superficial lesions can be removed while on blood thinners, but if required can anticoagulants be stopped? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <input type="checkbox"/> Please discuss with me first.

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