Skin Surgery Referral Form

Benign lesions and non-complex skin cancer

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Patient Information:

Name:	Date of Birth:
PHN:	Gender:
Email:	Address:
Phone:	Alternate Contact Number:

Date of Referral _____

Urgency: _____urgent _____semi-urgent _____non-urgent

Referring Physician:

Name:	MSP #
Phone:	Family Physician
Address:	

REASON FOR REFERRAL*:*

Benign Lesion: (eg. mole, tag, seborrheic keratosis, cyst, lipoma, dermatofibroma)
Location:
Size:
Diagnosis:

☐**Patient has been informed that complete excision of a benign lesion is not covered by insurance.**

Malignant Lesion: (basal cell, squamous cell, melanoma, other)
Location:
Size:
Diagnosis:

Biopsy proven?
☐Yes ☐ No

Photos attached showing location and close-up view.
☐ Yes ☐ No

We welcome your questions regarding suitable cases.