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Referral for Skin Surgery

Patient Name: _____ Date of Birth: _____
 Address: _____
 Patient Telephone number: _____(h/c) _____(b)
 OHIP#: _____ Version Code: _____
 Email: _____

Referred for: Consultation OR Consultation and Mohs surgery on the same day

Diagnosis: BCC SCC Other tumour _____

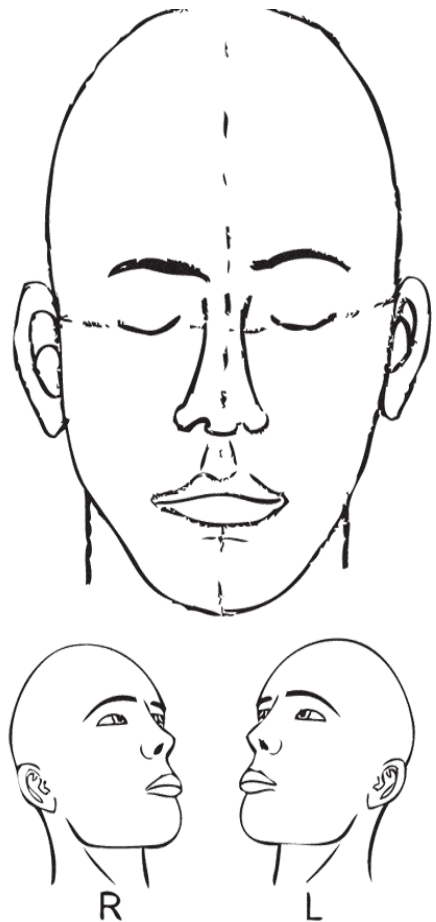
Site?: right, left, midline : _____
 (and indicate on diagram, or draw)

Size of the tumour in mm x mm? _____

Has a biopsy been done?
 Yes --> please attach the report
 No -> we might need to do first

Any additional history? (circle if relevant please)

Previous treatments:	Yes or No
On ASA?	Yes
On warfarin?	Yes
On other blood thinner?	Yes
Past closeby radiation?	Yes
Anxious person?	Yes
Has a pacemaker?	Yes
Very limited mobility?	Yes



Photos? Please have the patient bring a photo of the biopsy site and/or lesion to their appointment. The photo should show the site and can be on a phone.

Referring Physician Name: _____	Billing Number: _____
Address: _____	
Telephone Number: _____ Fax: _____	
Referring Physician Signature: _____	

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