

# Dr. Andrew Jervis

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## REQUEST FOR LESION EXCISION OR BIOPSY

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Address: \_\_\_\_\_

PHN: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ MSP #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Copies to: \_\_\_\_\_ MSP #: \_\_\_\_\_

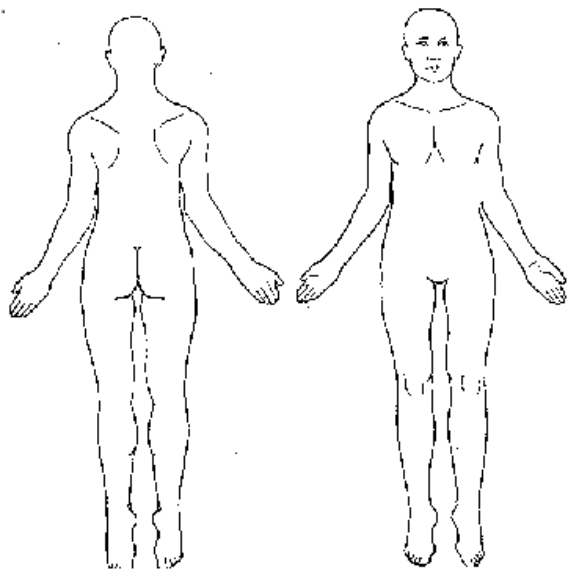
Provisional Diagnosis: \_\_\_\_\_

**Circle Urgency:**    Urgent    Semi-Urgent    Routine

\_\_\_\_\_  
\_\_\_\_\_

Site: \_\_\_\_\_

Size: \_\_\_\_\_

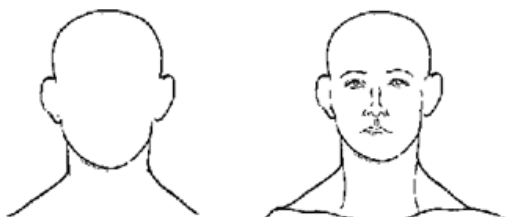


Allergies: \_\_\_\_\_

Antiplatelet Agents: \_\_\_\_\_

Additional History (attach imaging if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Internal Use Only:**

URGENT \_\_\_\_ SEMI-URGENT \_\_\_\_ ROUTINE \_\_\_\_

DO NOT BOOK \_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_