

Leaside Village Medical Clinic Procedure Referral Form

Leaside Village
Medical Clinic

25 Industrial Street Unit 206
Toronto, ON M4G 1Z2
Telephone: 416 487 2442
Fax: 416 745 1511 Email: referrals@leasidevillagemedical.ca

Date: _____

Patient Name: _____

Telephone #: _____

Patient Address: _____

Health Card #: _____

Date of Birth: _____

Referring physician: _____

Ref. physician fax #: _____

Ref. physician billing #: _____

Ref. physician telephone #: _____

Please provide relevant clinical information//question below (attach relevant information with this form):

Please select service requested below:

Urology

- Vasectomy
- Scrotal/penile cyst excision
- Frenulectomy/Frenuloplasty

Plastic Surgery

- Skin lesion excision (ie. skin cancer, nevus, keratosis)
****MUST BE SENT WITH PATHOLOGY REPORT****
- Cyst, hemangioma, lipoma excision
****MUST BE SENT WITH IMAGING****
- Ganglion cyst excision (hand and wrist)
****MUST BE SENT WITH IMAGING****
- Trigger finger release
- Carpal tunnel release.
****MUST BE SENT WITH EMG/NCS CONFIRMATION****
- Upper eyelid blepharoplasty
- Botox and hyaluronic acid filler injections

Dermatology

- Punch biopsy to rule out skin cancer
- Benign skin lesion removal (skin tag/cyst/mole/seborrheic keratosis)

Oculoplastic Surgery

- Chalazion removal
- Benign eyelid lesion removal
- Incisional/excisional biopsy
- Upper eyelid blepharoplasty
- Ptosis repair
- Entropion/Ectropion repair
- Lateral canthoplasty
- Botox injections

Ear, Nose, and Throat (ENT) Surgery

- Cervical node biopsy
- Local skin lesion excision
- Local skin flaps
- Scar revisions
- Mini-face lifts
- Botox and hyaluronic acid filler injections