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CLINIC LOCATIONS
Exeter|Ilderton|Lambeth|Petrolia|Stratford

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Your patient will be scheduled with one of our Skin Specialists, at a location that best achieves triage and geographic parameters.

SUGGESTED TIME-FRAME:
Based upon today's assessment

- URGENT (within 2 weeks)
- SEMI-URGENT (within 3 months)
- NON-URGENT

PHYSICIAN INFORMATION:

DATE: _____

Referrer: _____ Billing #: _____ Phone: _____ Fax: _____

Family Physician: _____ Phone: _____ Fax: _____

PATIENT DETAILS:

LAST Name: _____

FIRST Name: _____ Gender: _____

Health Card #: _____ DOB: _____
MM/DD/YYYY

Home: _____ Work: _____

Cell: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

If child, Parent Name(s): _____

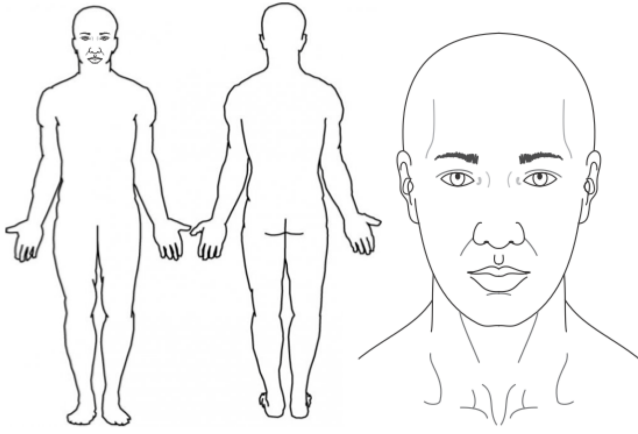
REASON FOR REFERRAL:

Please describe, in detail (signs, symptoms, duration).
PLEASE ATTACH Pertinent Bx results, labs etc.

PAST MEDICAL HISTORY: *(skin issues? skin ca?) Please Attach*

MEDICATIONS: *Please Attach*

FAMILY HISTORY: *(skin issues? skin ca?) Please Attach*



DDx: (Mandatory)

- Do you think your patient will require one of the following?
- Biopsy/excision of a suspicious lesion
 - Excision of gross residual disease after biopsy or recurrence (please attach pathology)

Thank you for your kind referral.