



HALTON DERMATOLOGY & SKIN SURGERY

Dr. Bhavik Mistry, BHSc, MD, FRCPC, DABD, FACMS & Associates
Dermatologist and Mohs Micrographic Surgeon
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PATIENT DEMOGRAPHICS or patient label

Patient name:	Date of birth:
OHIP# with VC:	Address:
Home #:	
Cell #:	Email#:

REASON FOR REFERRAL

Skin Cancer Eg. BCC, SCC, Bowens (please indicate below):

Mohs Micrographic Surgery* Wide Local Excision Consult Only

- Diagnosis/Diagnoses: _____
- Site(s): _____
- Size(s) (mm): _____

▪ Biopsy/Biopsies Done (Please Attach Pathology): Yes No (we may biopsy first)

Lentigo Maligna or Melanoma (Depth <0.8mm, T1a)

- Biopsy Done (Please Attach Pathology): Yes No (we may biopsy first)

Other Tumor/Growth Removal**:

Dysplastic nevus Cyst Lipoma Seborrheic Keratosis Skin Tag Mole Other _____

- Biopsy or Ultrasound Done (Please Attach): Yes No

ADDITIONAL INFORMATION

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REFERRING PHYSICIAN INFORMATION

Referring Physician:	Billing Number:
Phone:	Fax:
Signature:	Address:

*Please Note: We will triage all skin cancers according to the Mohs Appropriate Use Criteria (AUC) guidelines in order to utilize clinical resources appropriately.

** Wound care, hair, nails, ulcers, burns, corns, calluses, rashes, warts, and parasite/bug related concerns are outside of our scope of practice at this time.