



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:	Address:

REASON FOR REFERRAL

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

☐ Mohs Micrographic Surgery* ☐ Wide Local Excision ☐ Consult Only

▪ Diagnosis: _____

▪ Site(s): _____

▪ Size (mm): _____

▪ Biopsy 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 ☐ Seborrhic Keratosis ☐ Skin Tag ☐ Mole ☐ Other _____

▪ Biopsy or Ultrasound Done (Please Attach): ☐ Yes ☐ No

☐ Actinic Keratoses

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.*