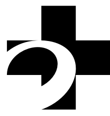


The Ottawa Hospital | L'Hôpital d'Ottawa

MOHS CLINIC REFERRAL

Telephone: 613-761-4776

Jillian Macdonald, MD, FRCPC, FACMS
Megan Lim, MD, FRCPC

MOHS Surgery & Surgical Dermatology Clinic
Civic Parkdale Clinic
737 Parkdale Ave., 4th Floor
Ottawa, ON K1Y 1J8

Referrals missing the following information will be rejected:
- ❑ Patient information
- ❑ Tumor dimensions
- ❑ Pathology

Date of Referral: (yyyy/mm/dd)

PATIENT INFORMATION

Patient Name:	Date of Birth:	OHIP Number:	Version Code:
Address:	Telephone: (Home) (Work) (Cell)		

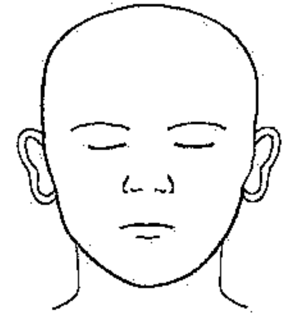
Diagnosis: ❑ Basal Cell Carcinoma ❑ Squamous Cell Carcinoma Other: ____________________

Site: ❑ Right ❑ Left ❑ Midline: ____________

Tumor Dimensions: ____

Duration: ____________ Previous treatment: ____________________

Please indicate distribution and dimensions on the diagram of the face



Note: Copy of the pathology report with definitive cancer diagnosis required prior to referral.

MEDICAL HISTORY

Is the patient immunosuppressed? ❑ Yes ❑ No

The patient takes: ❑ ASA ❑ NSAIDs ❑ Warfarin ❑ Plavix ❑ Other blood thinner, specify: ____________

The patient has a: ❑ Pacemaker ❑ Cardiac Implantable Electronic Device (CIED)

Additional history/notes (e.g. nearby scars, radiation): ____

____

____

REFERRING PHYSICIAN

____________	____________	____________
Physician printed name	Signature	Address
____________	____________	____________
Billing Number	Telephone	Fax

PLEASE FAX ALL CORRESPONDENCE TO 613-761-5093