

Dr. Marnie E Fisher FRCPC DABD
 Dr. Elena Poulos FRCPC DABD
 Dr. Fara Redlick FRCPC DABD
 Dr. Rachel Ruppel FRCPC DABD
 Dr. Yuliya Velykoredko FRCPC



1243 Islington Avenue, Suite 1000
 Toronto, ON M8X 1Y9
 Telephone 416.231.0100
 Fax 416.231.0109
www.kingswaydermatology.com



REFERRAL FORM

- Urgent Semi-Urgent Routine

Due to the volume of referrals, the Dermatologist will only discuss one (1) concern/appointment

PATIENT INFORMATION:

Patient Name:		Sex at birth:	D.O.B. (MM/DD/YYYY):
Address:			
City:		Postal Code:	
Home Phone:		Cell Phone:	
Email:			
Health Card (VC):			

DIAGNOSIS AND/OR CHIEF COMPLAINT

- Melanoma – Suspicious Lesion
- BCC/SCC – Suspicious Lesion (< 1cm)
- Melanoma Screening
- Non-Infected Cyst
- Dermatitis
- Psoriasis
- Rosacea
- Acne

ELECTIVE OFFERING (Not covered by OHIP)

- Benign Lesion Removal
- Women's Wellness (Vaginal Health)
- Pelvic Floor Health for ♀/♂
- Generalized Hair Loss
- Treatment of Non-Cancerous Sun Damage

*** For large suspicious BCC/SCC please refer to Plastics ***

NOT SEEN: Wart, Peri-genital issues, Chiropodist issues

PERTINENT CLINIAL INFORMATION:

Name of Referring Doctor:	Phone #:
Address:	Fax #:
Billing Number:	Signature: