

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](http://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:

<b>Patient Name:</b>	<b>Sex at birth:</b>	<b>D.O.B. (DD/MM/YYYY):</b>
<b>Full Address:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Email:</b>		
<b>Health Card (VC):</b>		

### DIAGNOSIS AND/OR CHIEF COMPLAINT

- ☐ Melanoma – Suspicious Lesion
- ☐ SCC – Suspicious Lesion (< 1cm)
- ☐ BCC – Suspicious Lesion (< 1cm)
- ☐ AK (Actinic Keratosis)
- ☐ Melanoma Screening / Skin Check
- ☐ Non-Infected Cyst (Not Seeing Ganglion Cysts)
- ☐ Dermatitis / Eczema
- ☐ 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 (Pigment / Wrinkles)

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

**NOT SEEN: Warts, Peri-Genital issues, Nail or Chiropody issues, Annual Skin Checks**

### PERTINENT CLINICAL INFORMATION:

--	--

<b>Name of Referring Doctor:</b>	<b>Phone #:</b>
<b>Address:</b>	<b>Fax #:</b>
<b>Billing Number:</b>	<b>Signature:</b>