

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. (MM/DD/YYYY):</b>
<b>Address:</b>			
<b>City:</b>		<b>Postal Code:</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
- 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 CLINICAL INFORMATION:

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