SKIN LESION ONLINE

You may send us a test fax with your physician details and signature filled in. We will fax back to confirm receipt, and keep your information and signature on file. **No need to fax any actual referrals, patients will self-register.**

☐ **By referring this patient, I confirm that I take on the responsibility of being the patient's primary healthcare provider, and have carefully reviewed the three key points outlined below.**

1. To ensure timely access, given the high demand for skin lesion assessment, we prioritize referrals for specific lesions of concern to expedite patient care. We do not assess or treat other general dermatologic issues (e.g. rashes).
2. We are a one-stop solution for skin lesions. All lesions are first assessed by our derm/GP derm team and scheduled for procedures if necessary. We have on-site plastic and Mohs surgeons, and will facilitate referrals to cancer centers.
3. We have GP derm on our team to help with various tasks such as initial assessment and post-operative care. If you let us know your exact payment model (e.g. FHT, FHO), we will only use out-of-basket billing codes to avoid any possible negation.

More information about our clinic can be found on our website www.skinlesion.ca

Referring Physician Details:

☐ I am in a FHT/FHO or this specified model ( ). Please avoid billing codes that may cause negations.

Name:	ADDRESS OR OFFICE STAMP
Billing #:	
Fax:	
Phone:	
☐ You may contact our office via email	

Office Email (must be HIPAA/PIPEDA compliant)**:**

Signature: _____ (Mandatory along with the attestation checkbox at the top)

Patient Infomation:

First Name:	ADDRESS OR FULL PATIENT LABEL
Last Name:	
OHIP #:	
DOB: Sex:	
Phone:	
Other Pertinent Patient Info:	

Reason for Referral:

☐ Suspected Melanoma

☐ Suspected SCC/BCC

☐ Single lesion NYD

☐ Likely superficial benign lesions (e.g. SK, wart, etc)

☐ Likely cyst/lipoma

(patient must upload recent U/S report, and surgery may not be OHIP-covered)

QR for Patient Self Registration

Referral Date: _____ **↓↓↓ Please Mark Lesion Location ↓↓↓**

