

Dr. Christian Murray, Dr. Nowell Solish
Dr. Yuanshen Huang, Dr. Roxana Mititelu
Dr. Bhavik Mistry, Dr. Stacy Burton
Dr. Rob Bobotsis



Referral for Skin Surgery

Patient Name: _____ Date of Birth: _____
Address: _____
Patient Telephone number: _____ (h/c) _____ (b) _____
OHIP#: _____ Version Code: _____
Email: _____

Referred for: Consultation ☐ OR Consultation and Mohs surgery on the same day ☐

Diagnosis: BCC ☐ SCC ☐ Other tumour _____

Site?: right, left, midline : _____
(and indicate on diagram, or draw)

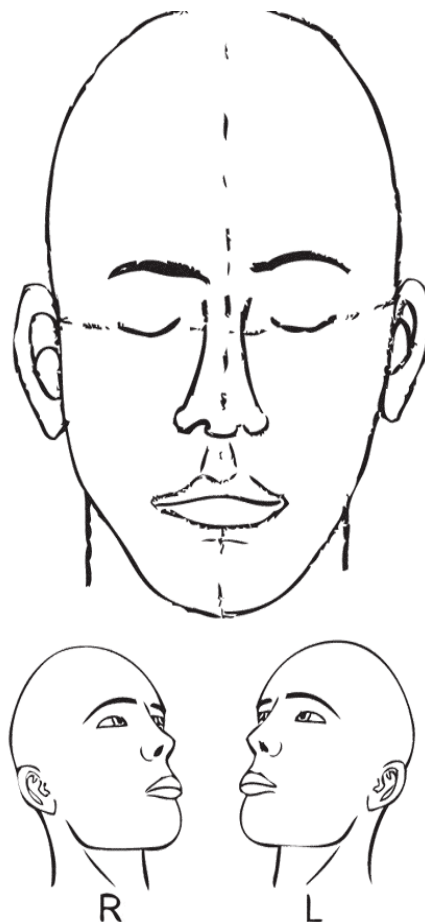
Size of the tumour in mm x mm? _____

Has a biopsy been done?
Yes --> please attach the report

No -> we might need to do first

Any additional history? (circle if relevant please)

Previous treatments:	Yes or No
On ASA?	Yes
On warfarin?	Yes
On other blood thinner?	Yes
Past closeby radiation?	Yes
Anxious person?	Yes
Has a pacemaker?	Yes
Very limited mobility?	Yes



Photos? Please have the patient bring a photo of the biopsy site and/or lesion to their appointment. The photo should show the site and can be on a phone.

Referring Physician Name: _____

Billing Number: _____

Address: _____

Telephone Number: _____ Fax: _____

Referring Physician Signature: _____

187 Carlton Steet, Toronto, ON Canada M5A 2K7 Tel: 289-301-3011 Fax: 289-301-3081

E-mail: contact@carltonskinclinic.ca

Website: carltonskinclinic.ca