## Cutaneous Surgery Clinic Minor Surgical Procedure Referrals (Lumps and Bumps) Plastic Surgeon Referral Form

Fax: 778-440-4551

## For "On Call" type referrals, please speak to the Plastic Surgeon on call at 250-590-4429

All referrals will be reviewed by a Plastic Surgeon and a notification of who will see the patient will be sent.

| Patient Information: (affix label or complete) | Referring Physician: (stamp or complete) |
|--|--|
| Name:  | Name:                                    |
| PHN:   | MSP#:                                    |
| <b>DOB:</b> (mm/dd/yyyy)                       | Address:                                 |
| Address:                                       |  |
|  | Phone:                                   |
|  | Fax:                                     |
| Home Phone:                                    | If applicable, Walk-in Clinic name:      |
| Alternate Phone:  Cell  Work  Other:           |  |
| (Phone Number)                                 |  |
| Email:   | Family Physician: (if not referring MD)  |
| Secondary Contact:                             |  |

| Date: (mm/dd/yyyy) | Patient prefer to see:             | Urgency:  |
|--------------------|------------------------------------|---|
|                    | Or "First Available Surgeon" 🛛 Yes | $\Box < 1$ week $\Box < 4$ weeks $\Box$ Routine |

| Provisional Diagnosis/Reason for Referral: (please select at lea           | ast one)             |
|--|----------------------|
| □ Melanoma □ SCC □ BCC □ Dysplastic Nevus □ Benign                         | Lesion $\Box$ Other: |
|  |                      |
|  |                      |
|  |                      |
| Location:  | Size:                |
|  |                      |
|  |                      |
|  |                      |
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|  |                      |
| Treatment to date: $\Box N2 \Box$ Aldara $\Box$ Efudex $\Box$ Radiotherapy |                      |
| <b>Previous Skin Cancers:</b> □ No. □ Yes.                                 |                      |
| □ Medical History Attached or:   |                      |
|  |                      |
|  |                      |
|  |                      |

□ Biopsy attached

or

□ cc'd to Cutaneous Surgery Clinic on biopsy pathology requisition

□ Patient is taking the following anticoagulants:

Most superficial lesions can be removed while on blood thinners, but if required can anticoagulants be stopped?

 $\Box$  Yes.  $\Box$  No.  $\Box$  Please discuss with me first.