Central Island Skin Cancer Surgery Clinic
Plastic Surgeon Referral Form
Fax: 250-244-8415
Please use this form only for skin cancers requiring surgical management
All referrals will be triaged to a Plastic Surgeon and a notification of who will see the patient will be sent.
Patients with benign lesions not covered by MSP can self-refer by calling a plastic surgeons office directly.

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

Date: (mm/dd/yyyy)	**Patient prefer to see:** Or "First Available Surgeon" ☐ Yes	**Urgency:** ☐ < 2 weeks ☐ < 4 weeks ☐ Routine

Provisional Diagnosis/Reason for Referral: (please select at least one)
☐ Melanoma ☐ SCC ☐ SCC in situ ☐ BCC ☐ Dysplastic Nevus ☐ Other:

Location: **Size:**

Treatment to date: ☐ N2 ☐ Aldara ☐ Efudex ☐ Radiotherapy
Previous Skin Cancers: ☐ No. ☐ Yes.
☐ Medical History Attached or:

☐ Biopsy attached
☐ Please explain if no biopsy performed: _____
☐ Patient is taking the following anticoagulants:
Most superficial lesions can be removed while on blood thinners, but if required can anticoagulants be stopped?

☐ Yes. ☐ No. ☐ Please discuss with me first.

If you have received this fax in error, please contact the referring physician.
Thank you.