Central Island Skin Biopsy Clinic Referral Form

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)	**Location:** □ Face □ Torso □ Extremity	□ Pigmented □ Nonpigmented

Duration of Symptoms:
□ < 1 Month □ < 6 Months □ Longstanding

Symptoms: (please select all the apply)
□ Bleeding □ Pain □ Scaly □ Changing

□ Family History Skin Cancer
□ Previous Skin Cancer: (Please List)
□ If previously seen by a dermatologist, when was last appointment: MM/DD/YEAR

Medication List:

Allergies:

Medical History:

Fax completed form with relevant history to 250-244-3551
If you have received this fax in error, please contact the referring physician.
Thank you.

Disclaimer - This clinic provides expedited assessment for patients with a specific lesion. Once the lesion has been addressed, the patient will be discharged from our care. General skin checks or ongoing surveillance for skin cancer are not included and remain the responsibility of the referring physician or primary care provider.

Biopsy Clinic

We are pleased to accept referrals for patients requiring skin cancer assessment and biopsy through our skin cancer biopsy clinic. **This will be a trial basis from October 1, 2025 until April 30, 2026.** Our clinic is designed to support timely evaluation and diagnosis of suspected skin cancer.

Please complete the attached referral form and **fax it to 250-244-3551**. Once your referral is received it will be triaged accordingly. Your office will receive confirmation of receipt and the patient will be contacted directly to schedule an appointment. **This form "Central Island Skin Biopsy Clinic Referral Form" is searchable through Accuro to download as well.** If you wish to send photos of specific lesions please email to biopsy_clinic@centralislandskin.com

This clinic is lesion specific Full skin evaluation and all other concerns will not be addressed at the biopsy clinic.