

## **Skin Cancer Clinic Referral Form**

**Royal Victoria Regional Health Centre** 

201 GEORGIAN DRIVE, BARRIE, ONTARIO L4M 6M2

Phone: 705-728-9090 Ext. 43305

		<b>PATIENT</b>	INFORMATIO	ON		
Last Name	First Name	_	<b>ender</b> □F □M □oth	er D.O.B D/M/Y	Phone	
Address	City	Po	ostal Code	OHIP # (with v	version code)	
Other Contact Person or POA (Name & Pho		e) Al	Allergies			
Email Address:	Name of Pha	rmacy: N	Medications (☐ Attached medication list/CPP)			
			Is this patient on anticoagulants? □No □Yes, Specify:			
			G INFORMA			
SECTION A – Biops	sy Not Completed					
Site	Tumo	ur Sizo		Suspected Di	agnosis	
1.	Site Tumour Size			Suspected Diagnosis		
2.						
3.						
SECTION B – Biops	sy Complete, Path	ology Positiv	e for Cancer			
Site	Tumo	ur Size	Diagnosis			
1.						
2.						
2.						
2. 3. □ Pathology report a		ncor diagnosis				
2. 3.		ncer diagnosis.				
2. 3. □ Pathology report a	ny patient of their ca					
2. 3.  Pathology report a  I have informed m  Request for Specific Solf no request: Patients w	ny patient of their ca urgeon? Name of Su ith melanoma will be re	rgeon:eferred to surgeor			tient's residence. Patients with	
2. 3.  Pathology report a I have informed m  Request for Specific Solif no request: Patients w non-melanoma skin cand	ny patient of their ca urgeon? Name of Su ith melanoma will be re cers will be scheduled a	Irgeon:eferred to surgeor	e timeslot at HRCI	P's Multidisciplinary		
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