Cutaneous Surgery Clinic - Minor Surgical Procedure Referrals (Lumps and Bumps)

Plastic Surgeon Referral Form

Fax: 778-440-4551

Please use this form only for skin lesions.

All referrals will be triaged to a plastic surgeon, and a notification of who will see the patient will be sent. If there are questions or concerns about the referral, please **contact the office to which the patient has been triaged**. Concerns about your patient are best dealt with by that office directly, not the on call surgeon.

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

Date: (mm/dd/yyyy)	Patient prefer to see: □ Dr. _____ □ First available surgeon

Please select the reason for referral:

□ **Biopsy proven malignancy**: Biopsy results must be sent with the referral. Please select best category below.

□ **Melanoma** □ **SCC** □ **BCC** □ **Dysplastic Nevus** □ **Cutaneous Malignancy "Other"**

Patients in this category can expect to be contacted with an urgency based on underlying diagnosis.

□ **Unbiopsied suspicious lesions** DISCUSSED WITH RECEIVING OFFICE, ONLY:

Unbiopsied suspicious lesions will only be accepted if targeted directly to a plastic surgeon's office, and the receiving office has agreed to receive an unbiopsied referral. Please contact the surgeon's office directly, not the on call surgeon. (First available referrals are not available for this category.)

□ **Benign lesions**: Benign lesions that are believed to qualify for management under MSP can expect a wait time of >6 months. Patients with benign lesions not covered by MSP can self-refer by calling a plastic surgeons' office directly. (This non-urgent category does not require a biopsy.)

Location: **Size:**

Treatment to date: □ none □ excision attempted □ N2 □ Aldara □ Efudex □ Radiotherapy

Previous Skin Cancers: □ No □ Yes

Medical History:

Anticoagulants:

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