

Please note, all doctors are Family Medicine Specialists with a focus in skin disorders.

Patient Info: _____ Date of referral: _____

Name (Last, First): _____ DOB (YYYY/MM/DD): _____

PHN: _____ M F Other (pronouns): _____ Phone #: _____

Email: _____ Address: _____

Referring Practitioner Info: _____ *Practitioner/ Office stamp here:*

Name: _____ MSP number: _____

Fax: _____ MRP (if different): _____

Please submit MSP code 03333 to the doctor of your choosing

Physicians (Please indicate who the referral is to)

- Dr. Inna Fadyeyeva (66207) - **General skin disorders & cancers. Focussed practice in Rosacea, Melasma and Scars.**
- Dr. Yasamin Rekabdar (J3003) - **General skin disorders & cancers. Focussed practice in rapid access for skin procedures.** (Identify in reason for referral, if consult is needed)
- Dr. Romina Moradi (34828) - **General skin disorders & cancers. Rapid access Acne clinic.** (acne patients seen in 2 wks if moderate to severe [check yes for urgent])
- Dr. Danny Chao (39679) - **General skin disorders. Interest in Hair Loss**
- Dr. Anjuli Chehil (Q0741) - **General skin disorders & cancers. Interest in Skin Checks for concerning lesions, Acne and Rosacea.**
- Dr. Shaye Shahri (Q1394)- **General skin disorders & cancers.**

Is this referral urgent? Yes No

Reason for Referral: (please indicate which option)

Consult & Management **Only Biopsy/Excision (identify location)**

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If a referral is for skin cancer, please complete the checklist below:

Is your patient immunocompromised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your patient have a history of smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a history of blistering sunburns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a history of tanning bed use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your patient on blood thinners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a personal or family history of skin cancer?	<input type="checkbox"/> Yes Personal <input type="checkbox"/> Yes Family <input type="checkbox"/> No

*If referring for hair loss (MSP Covered), please attach recent blood work including: CBC, TSH, Ferritin +/- Vit D. Please complete form, and attach all relevant investigations etc. **Incomplete Referrals will be returned.**

Our office will contact patients directly to schedule .

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