

iHealthMD Skin Centre

fax: 604 971 6768

email: info@ihealthmd.ca

REASON FOR REFERRAL

- BIOPSY _____ WITH EXCISION _____
(location) yes/no
- CONSULT ONLY _____
- EXCISION OF BENIGN LESION _____
(lipoma, sebaceous cyst, etc.)

URGENCY

- 24-48 hours within 1 week ≥1 week

REFERRAL TO (please, submit MSP code 03333)

- 1st available Dr Nasibi (42010) Dr Oveisi (49943) Dr Galstyan (30825)
 Dr Fadyeyeva (30347)

PATIENT INFO

NAME _____ DOB _____

ADDRESS _____

PHONE _____ EMAIL _____ PHN _____

Hx

REFERRING PHYSICIAN NAME _____ MSP# _____

CLINIC _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____



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