

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. Danny Chao (39679) - **Focus in hair loss*, acne and general skin disorders**
- Dr. Romina Moradi (34828) - **Focus in acne**
- Dr. Yasamin Rekabdar (J3003) - **Rapid access for skin procedures** (identify if a consult is needed)
- Dr. Inna Fadyeyeva (66207) - **Focus in skin cancers, rosacea, eczema**

Is this referral urgent? Yes No

Reason for Referral: (please indicate which option)

- Consult & Management** **Only Biopsy/Excision**
(identify location on a referral)

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

- Is your patient immunocompromised? Yes No
- Does your patient have a history of smoking? Yes No
- Is there a personal history of skin cancer? Yes No
- Is there a family history of skin cancer? Yes No
- Is there a history of blistering sunburns? Yes No
- Is there a history of tanning bed use? Yes No
- Is your patient on blood thinners? Yes No

**If referring for hair loss, please attach a recent set of blood work including CBC, TSH, Ferritin +/- Vit D.*

Please complete this form and attach all relevant investigations/ medication lists etc.

Incomplete Referrals will be returned.

Our office will contact patients directly to schedule appointments.