

Skin Lesion and PDT Referral Form

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Patient Name:	DOB:
HC # and Expiry:	Phone (Home):
Phone (Cell):	Email:
Address:	Family Doctor:

Reason for Referral: SIZE AND LOCATION REQUIRED BELOW

- Skin lesion requiring biopsy (Rapid Access Biopsy Clinic)
- Small biopsy proven skin lesions for EXCISION or PDT (Circle one)
 - BCC
 - SCC
 - Thin BCC
 - Bowen's Disease
 - Early SCC/SCC in situ
- Actinic Keratosis (single lesion or multiple lesions)
- Diffuse actinic damage requiring field treatment with PDT
- Cosmetic skin lesion removal
- Cosmetic cyst removal (no previous infection)
- Skin tag/SK removals

PLEASE NOTE: There is a fee involved for PDT treatment

SIZE: _____ **LOCATION:** _____

Additional Information:

Referring Physician:	Signature:
Address:	Phone:
Fax:	Billing Number: