

Minor Procedure Referral Form

720 Westmount Rd E, Unit 4, Kitchener, N2E 1J2
 Phone: 519-900-8950 | Fax: 519-340-7525

Patient Information			
First Name:		Last Name:	
Sex:		Phone:	
Address:			
Health card # :		D.O.B (yyyy/mm/dd):	

Referring Physician Information			
Date of Referral:			
Name:			
Clinic Phone:		Clinic Fax:	
OHIP Billing Number:		CPSO:	

Note to Referring Physicians	
<p>The consults would be billed as A905 and should not result in any financial penalties.</p> <p>Now accepting referrals for diagnostic clarification of suspicious lesions i.e skin cancer, moles</p> <ul style="list-style-type: none"> • Large lesions that would require skin grafts or extensive suturing • Cysts >2 cm <p>Exclusions: Things that should NOT be referred:</p>	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Clinic stamp here</p> </div>

List of Services

Women's Health	
IUD Insertion/Removal <input type="checkbox"/>	Endometrial Biopsy <input type="checkbox"/>
Other (please specify):	

Lumps and Bumps			
Benign skin lesion removal <input type="checkbox"/>	Skin biopsies <input type="checkbox"/>	Mole/skin tag removal <input type="checkbox"/>	Cryotherapy of warts/keratosis <input type="checkbox"/>
Other (please specify): _____			

Other Procedures	
Abscess drainage <input type="checkbox"/>	Stitching & suture/staple removal <input type="checkbox"/>

Important Medical History (Please Check All That Apply)	
On anticoagulants <input type="checkbox"/>	Chronic steroid therapy <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Active malignancy <input type="checkbox"/>
Peripheral vascular disease <input type="checkbox"/>	

Medication List (Please Ask Patients To Bring All Medications to the Appointment)

Clinical Information