YORK DERMATOLOGY
CLINIC & RESEARCH CENTRE

250 Harding Blvd W, Suite# 202, Richmond Hill, ON L4c 9M7
Tel: 905-883-7997- Fax:905-883-7994 Toll: 833-511-3873

REFERRAL FOR CONSULTATION

To

Dr:_____

Address:_____

_____

Phone:_____

Fax:_____

Referral sent:_____

RE:

Patient:_____

Address:_____

_____

Phone:_____

Date of Birth:_____

Health card:_____

Email:_____

PRESENTING PROBLEM

_____

_____

_____

RELEVANT PAST MEDICATION HISTORY, AND ALLERGIES

_____

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- ○ **DERMATOLOGY**
- ○ **HIDRADENITIS SUPPURATIVA CLINIC**
  (Dr.Cecchini-Medical Surgical Dermatology and Dr .George-General Surgeon)

Referring Doctor:_____

Billing Number:_____

PLEASE EMAIL ANY RELAVANT PICTURES TO: info@yorkderm.ca
PLEASE WRITE IN SUBJECT IF PHOTOS ARE OF SENSITIVE OR GRAPHIC NATURE