South London MOLE Clinic

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REFERRAL FORM

Patient Name: _____ DOB:_____ Phone No:_____

Reason for Referral:_____

Mole Removal

- ☐ Skin Cancer-Punch Biopsy
- ☐ Pre-Cancer (Actinic Keratosis)
- ☐ Keloid Reduction with Kenalog
- ☐ Wart (Including Genital)
- ☐ Skin Tags, Seborrheic Keratosis, Seborrheic Hyperplasia, and more..
- ☐ Cryotherapy
- ☐ Shave/ Elliptical Excision

Lumps and Bumps

- ☐ Cysts
- ☐ Lipoma
- ☐ Ganglion
- ☐ Keloid Excision

Knee/ Shoulder Injections

- ☐ Platelet Rich Plasma
- ☐ Corticosteroid

Ingrown Toenails

- ☐ Soft Tissue Removal Surgery (Vandenbos)
- ☐ Non-invasive Nail Clipping
- ☐ Toenail Brace (Onyfix)

Skin and Hair

- ☐ Acne and Acne Scars
- ☐ Skin Rashes
- ☐ Hair Loss- PRP

Botox

- ☐ Botox Treatments for Chronic Migraines
- ☐ Hyperhidrosis: Axilla, Palms, Feet, and Scalp
- ☐ TMJ/ Bruxism

Referring Medical Practitioner:_____

Signature:_____ **Date:**_____

WE DO NOT BILL OHIP
PATIENTS CAN SELF REFER