



102-5120 Cordova Bay Road
Victoria BC, V8Y 2K5

Phone: 778-440-8774
Fax: 250-984-0867

Date of referral

Patient information:

Name: _____
Address: _____
City, Province: _____
Postal code: _____
Telephone: _____
Email: _____
DOB: _____
PHN: _____ M / F

Referring Physician:

Name: _____
Clinic Name: _____
MSP#: _____
Telephone: _____
Fax: _____
Signature

First available Dr. A.G. Erlank (63522) Dr. J.J. Le Roux (23330) Dr. G. H. McLean (22743)

One time referral **OR** IRR included

Urgent single lesion Location: _____
History: _____

Semi-Urgent **Non- Urgent**
 Multiple Lesions Skin Cancer Screening Exam
Locations: _____ History: _____

Total Body Photography (\$290) & Skin Cancer Screening Exam

Additional risk factors:

Non-Melanoma skin cancer History of melanoma Family history of melanoma

***Referrals with incomplete information will NOT be accepted**

***Referrals for cysts wil NOT be accepted**