



Edmonton Dermatology & Skin Surgery Centre  
Unit 207, 5540 Windermere Blvd SW  
Edmonton, AB  
T6W 2Z8  
Phone : 780-439-7546  
Fax : 780-988-6647

## **Dermatology Referral Form**

**Date:**

**Patient Demographics:** May use patient label below if it contains all necessary information.

Patient Last Name:	Patient First Name:
Address:	Gender (please circle): Male / Female / Other
City:	Postal Code:
Home Phone:	Cell Phone:
PHN:	Date of Birth:

**Referring Physician Information:**

Referring Physician:	PRACID:
Clinic/Unit Phone Number:	Clinic Fax Number:

**Practitioner Request:**

<input type="checkbox"/> <b>Dr. Laura Soong</b>	<input type="checkbox"/> <b>Dr. Mathew Nicholas</b>	<input type="checkbox"/> <b>Dr. Muba Taher</b>
-Medical Dermatology -Surgical Dermatology -Adults & Children	-Medical, Cosmetic, and Surgical Dermatology -Mohs Micrographic Surgery	-Mohs Micrographic Surgery -Surgical Dermatology

**Reason for Referral:**

*Please include a brief description of the concern.*

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