



**TORONTO  
DERMATOLOGY  
CENTRE**  
Medical, Cosmetic & Laser

4256 Bathurst St., Suite 400  
Toronto, Ontario, M3H 5Y8  
Tel: (416) 633-0001  
Fax: (416) 633-0002  
[www.torontodermatologycentre.com](http://www.torontodermatologycentre.com)  
[info@torontodermatologycentre.com](mailto:info@torontodermatologycentre.com)

## DERMATOLOGY & PLASTIC SURGERY REFERRAL FORM

Please fax this form to (416) 633-0002.

*We will contact the patient directly by email or SMS to book appointment.*

Patient name: \_\_\_\_\_

Health Card/VC: \_\_\_\_\_

Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for dermatology referral    OR     Reason for plastic surgery referral

Referred by: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Provider no.: \_\_\_\_\_

(or stamp with provider no.)

Appointment: \_\_\_\_\_