

— SASKATOON —
DERMATOLOGY
— CENTRE —

MEDICAL, SURGICAL, AESTHETIC SPECIALISTS

3 – 303 Stonebridge Blvd.

Saskatoon, SK S7T 0G3

Phone: (306) 373-0040 Fax: 306) 373-0038

Patient Information:

Last Name: _____ First Name: _____

PHN: _____ DOB: _____ Gender: _____

Address: _____ City: _____ Postal Code: _____

EMAIL (Mandatory): _____

Cell #: _____ Home #: _____

Pharmacy: _____ Parent/Guardian Name: _____

Referring Physician/Nurse Practitioner:

Physician/NP Name: _____ Billing #: _____

Office Name: _____

Office Address: _____

Office Phone #: _____ Office Fax #: _____

Requesting Consultation Regarding:

- | | |
|--|---|
| <input type="checkbox"/> Melanoma | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> BCC/SCC - Suspected Skin Cancer | <input type="checkbox"/> Dermatitis/Eczema |
| <input type="checkbox"/> Actinic Keratosis | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Benign Skin Growths | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Hidradenitis Suppurativa |
| <input type="checkbox"/> Nail Concerns | <input type="checkbox"/> Sclerotherapy |
| <input type="checkbox"/> Lesion: <input type="checkbox"/> 1 or 2 <input type="checkbox"/> Multiple | <input type="checkbox"/> Other _____ |

History of Problem/Severity/% of Body Surface Involved:

- URGENT (Suspected Melanoma, Blistering Condition, Drug Reaction)
- Phototherapy
- May book with one of our General Practitioners (MD) focusing on skin conditions (wait time substantially shorter)
- Cosmetic Consultation (We offer laser treatments, Microneedling, Skin care assessments, various Anti-aging services)
- Cosmetic Hair loss – PRP and Laser treatments

Referring Physician Signature: _____ Date: _____