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: _____ Email: _____

City: _____ Postal Code: _____

Cell #: _____ Home #: _____

Pharmacy: _____ Parent/Guardian (If under 18): _____

Referring Physician:

Name: _____ Billing #: _____

Office Name: _____

Address: _____

Phone #: _____ Fax #: _____

Requesting Consultation Regarding:

- ☐ Skin Cancer/Mole Screening
- ☐ Suspected Skin Cancer (BCC, SCC)
- ☐ Melanoma
- ☐ Actinic Keratosis
- ☐ Other Benign Skin Growths
- ☐ Hair Loss
- ☐ Nail Concerns
- ☐ Psoriasis
- ☐ Dermatitis/Eczema
- ☐ Acne
- ☐ Rosacea
- ☐ Hidradenitis Suppurativa
- ☐ Hyperhidrosis
- ☐ Other: _____

Additional Information

Please comment on severity of acne, percent of body surface of psoriasis, etc.

- ☐ Biopsy/Procedure expected
- ☐ Phototherapy
- ☐ URGENT (Suspected Melanoma, Blistering Conditions, etc)
- ☐ Cosmetic Consultation
- ☐ May book with one of our Family Doctors (MD) focusing on skin conditions (wait time substantially shorter)

Referring Physician Signature:____ _____ Date: _ _____