

skinic

THE LONDON SKIN CLINIC

POWERED BY MEDPOINT

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MEDPOINT HEALTH CARE CENTRE

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REASON FOR REFERRAL:

☐ Lesion of Concern

☐ Severe Acne

☐ Rash NYD

☐ Eczema

☐ Psoriasis

☐ Rosacea

☐ Other: _____

DATE: _____

PATIENT PAST MEDICAL HISTORY:

PATIENT INFORMATION:

Name: _____

Health Card#: _____

Gender: _____ DOB: _____

Phone #: _____

Email: _____

Address: _____

MEDICATIONS:

PHYSICIAN DETAILS:

Referrer: _____

Billing #: _____

Phone #: _____

Fax #: _____

Family physician: _____

Phone #: _____

Fax #: _____

ALLERGIES:

*Please note: We do not accept referrals for
nails, warts, or genital lesions.*