
 LAKEVIEW MEDICAL CLINIC
 #5 3109 Palliser Drive SW, Calgary Alberta
 Tel: 403-242-4172 Fax: 403-242-4296

DERMATOLOGY CONSULT REQUEST

Your Clinic Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX COMPLETE REQUEST TO: 403-242-4296

Your Clinic FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT LABEL REFERRING PROVIDER’S STAMP/DETAILS

Reason for consult: (Please check at least one of the following)

Symptoms Examination Biopsy Specific Diagnosis

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Rash |  | General Skin Exam |  | Mole |  | Eczema |
|  | Warts |  | Mole Examination |  | Skin Lesion |  | Acne |
|  | Changing Mole |  | Skin lesion Exam |  | Lipoma |  | Psoriasis |
|  | Nail Changes |  | Lumps/Bumps |  | Lumps/Bumps |  | Rosacea |
|  | Others: |  | Others: |  | Others |  | Others: |

Other services we provide are: vein, pigmentations and hair loss problems.
 Botox for Migraine treatment
 Botox for Hyperhidrosis treatment

General Comments:

Thanks for your referral.

\*\*Please mark urgent at the top of this referral if an urgent consultation is required
\*\*Please call our office if you do not receive a confirmation of receipt of your consult request within 5 business days.