



**Referral for Non-melanoma Skin Cancer and Mohs Micrographic Surgery Clinic**  
**Please fax to: 416-323-6306**

Patient Name: \_\_\_\_\_  
(or stamp health card somewhere on this sheet)

Patient Phone number: \_\_\_\_\_

Referring Physician name, OHIP number, signature, contact info \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referred for:** consultation  , or consultation on the day of Mohs surgery?

Note: *consultation on the day of Mohs surgery is reserved for patients who would find it very difficult to travel to downtown Toronto on 2 separate days, and we require both:*

- 1) **a pathology report** documenting non-melanoma skin cancer **and**
  - 2) **a representative diagram or photograph(s)**. Photographs should be in focus, and close enough to recognize the size, location and extent of the tumour to allow adequate pre-operative planning.
- Photos may also be emailed to: [skinsurgerycentre@gmail.com](mailto:skinsurgerycentre@gmail.com)

**Referral information:**

**Diagnosis:** BCC  , SCC  , Other tumour  \_\_\_\_\_

Site: right  , left  , midline  : \_\_\_\_\_

(and indicate on diagram if on the face)

Has a biopsy been done?: yes  no   
(please attach a copy of the pathology report)



Any additional history you wish to provide:

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