



**Parsons Dermatology and Cosmetics Referral Form**  
**Dr. Tiffany Parsons MD, BHSc, FRCPC - Dermatologist**  
**FAX 705-479-5058**

**PATIENT INFORMATION**

Last name:		First Name:		D.O.B:	
Address:					
City:		Province:		Postal Code:	
OHIP #:		Cell Phone:		Home Phone:	

**REFERRING PHYSICIAN INFORMATION**

Referring Physician:		Billing #:	
Phone:		Fax:	
Office Address:			

**FAMILY PHYSICIAN INFORMATION**

Family Physician:	Pharmacy:
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We are <b>NOT</b> able to accomodate: - Patch Testing - Chronic Ulcers/Wound Care	*We have Urgent appointments throughout the week. We will do our best to accommodate. <input type="checkbox"/> URGENT <input type="checkbox"/> Next available
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**REFERRAL INFORMATION**

<input type="checkbox"/> <b>Rash NYD</b> <b>Location:</b> _____ <b>Duration:</b> _____		<input type="checkbox"/> <b>Skin Cancer</b> <b>Location:</b> _____ <b>Type:</b> _____	
<input type="checkbox"/> <b>Acne</b>	<input type="checkbox"/> <b>AKs (pre-cancerous)</b>	<input type="checkbox"/> <b>Cyst</b> (*removal is often not covered)	<input type="checkbox"/> <b>Eczema</b>
<input type="checkbox"/> <b>Full Skin Exam</b> <b>Hx of Melanoma:</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> <b>Hyperhidrosis</b> <b>For Botox:</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> <b>Hidradenitis Suppurativa</b>		<input type="checkbox"/> <b>Warts (Not Genital)</b> *Many Tx are not OHIP covered	
<input type="checkbox"/> <b>Mole/Nevus</b>			
<input type="checkbox"/> <b>Psoriasis</b>			
<input type="checkbox"/> <b>Urticaria/Hives</b>			
<input type="checkbox"/> <b>Other:</b> _____			

**COSMETIC SERVICES:**

<input type="checkbox"/> <b>Skin Tag/Mole Removal</b>	<input type="checkbox"/> <b>Acne Scarring</b>	<input type="checkbox"/> <b>Skin Care Consultation</b>
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