



Five Points Medical 711 14th St W,
North Vancouver, V7M 3E8
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REFERRAL FOR PROCEDURES

PATIENT INFORMATION

Name
Address
Email
City Prov Postal Code
Home phone Other Phone
DOB (mm/dd/yyyy) Sex Male Female
PHN or WCB #
Accident Date (if applicable)

REFERRING PROVIDER

Name
Clinic
Phone Fax
MSP Number
Signature

ALLERGIES / MEDICATION

Anticoagulation	Y	PREGNANT	Y	N/A
	N		N	

REASON FOR REFERRAL

INVESTIGATIONS AND REFERRALS IF ANY

4 -REQUESTED PROCEDURE

Skin Mole Biopsy	<u>Nail Wedge Excision</u>	Cryotherapy**	Liver Spots, freckles*
Skin Tag removal*	<u>Nail removal</u>	Lumps and bumps, Lipoma,Cysts*	Actinic Keratosis
<u>Nevus Removal*</u>	<u>Warts including genital warts**</u>	Ganglions	<u>Alopecia Areata</u>

Other:

* Not covered by MSP, ** only plantar warts are covered by MSP

Exam preparation, clinic directions, and appointment booking instructions will be provided by the clinic upon approval.