OTTAWA DERM CENTRE

DR. JENNIFER MACISAAC MD, FRCPC, DABD
DR. JAMES P. BONAPARTE MD, MSC, FRCSC
DR. SACHIN CHITTE MD, FRCPC
DR. MARK KIRCHHOF MD, PHD, FRCPC, FAAD

REFERRAL

PATIENT NAME _____ **PATIENT DOB** _____

ADDRESS _____

HEALTH CARD # _____ **TELEPHONE** _____

SCARS

- ☐ HYPERTROPHIC / KELOID
- ☐ ATROPHIC

VASCULAR

- ☐ VESSELS / REDNESS
- ☐ SPIDER VESSELS
- ☐ ROSACEA
- ☐ VENOUS LAKE

FAT AND BODY CONTOURING

- ☐ SUBMENTAL (SURGICAL AND NON-SURGICAL)
- ☐ BODY (SURGICAL AND NON-SURGICAL)
- ☐ COOLSCULPTING®

PIGMENTED LESIONS

- ☐ MOLES
- ☐ MELASMA
- ☐ BROWN SPOTS

INJECTABLES

- ☐ BOTOX®
- ☐ FILLER
- ☐ LIQUID RHINOPLASTY

PLASTIC AND RECONSTRUCTIVE SURGERY

- ☐ FACE LIFT
- ☐ NECK LIFT
- ☐ SEPTORHINOPLASTY
- ☐ BLEPHAROPLASTY
- ☐ OTOPLASTY (EAR PINNING)
- ☐ BUCCAL FAT PAD EXCISION
- ☐ EARLOBE REPAIR
- ☐ EAR GAUGE REPAIR
- ☐ LIPOSUCTION
- ☐ ABDOMINOPLASTY
- ☐ BRACHIOPLASTY
- ☐ THIGH LIFT
- ☐ BREAST AUGMENTATION AND / OR LIFT
- ☐ GYNECOMASTIA REDUCTION
- ☐ BREAST REDUCTION
- ☐ TRIGGER FINGER
- ☐ HAND ARTHRITIS
- ☐ CARPAL TUNNEL RELEASE
- ☐ CUBITAL TUNNEL RELEASE
- ☐ DUPUYTREN'S CONTRACTURE
- ☐ PERIPHERAL NERVE SURGERY
- ☐ SCAR REVISION
- ☐ CYST, LIPOMA, NEVUS EXCISION

REJUVENATION / ANTI-AGING

- ☐ SUN DAMAGE - RED / BROWN
- ☐ SAGGING / VOLUME LOSS
- ☐ DEEP WRINKLES / RESURFACINGFINE LINES
- ☐ PORES/TEXTURE
- ☐ SKIN TIGHTENING

VAGINAL REJUVENATION

- ☐ MILD TO MODERATE URINARY INCONTINENCE
- ☐ VAGINAL ATROPHY
- ☐ VAGINAL LAXITY
- ☐ DIMINISHED SENSATION
- ☐ LABIAPLASTY

OTHER

- ☐ ACNE CLINIC
- ☐ SKIN EXAM
- ☐ HAIR REMOVAL
- ☐ PRE-CANCER / CANCER
- ☐ MOLE MAPPING
- ☐ STRETCH MARKS
- ☐ HYPERHIDROSIS
- ☐ OTHER: _____

(PLEASE DESCRIBE / PROVIDE DETAIL)

REFERRING PROVIDER

PROVIDER NAME _____ **DATE** _____

PHONE _____ **ADDRESS** _____

FAX _____ **BILLING #** _____

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