



# Niagara South

Skin Disorders Clinic

200 Catharine St, Port Colborne, ON L3K 4K8 \*\*Above Boggios Pharmacy

DATE:

**Dr. Emily Wilson**  
MD CCFP DipPDerm

**Dr. Whitney Dillon**  
MD CCFP Dip P Derm

- Suggested time-frame:**  **URGENT** (< 2 weeks)  
*Based on assessment*  **SEMI-URGENT** (< 3 months)  
 **NON-URGENT**

\*\*\*\*\*Mandatory\*\*\*\*\*

**tel: 905 834 4546**  
**fax: 905 834 3114**

Patient's Email:

[www.niagarasouthskin.com](http://www.niagarasouthskin.com)

## PHYSICIAN INFORMATION

Referring Practitioner:  
Family Physician:

Fax #:  
Fax #:

Billing #

## PATIENT DETAILS

First Name:  
Last Name:  
Health Card #:  
Birthdate MM/DD/YYYY:  
Home Phone:  
Work Phone:  
Cell Phone:

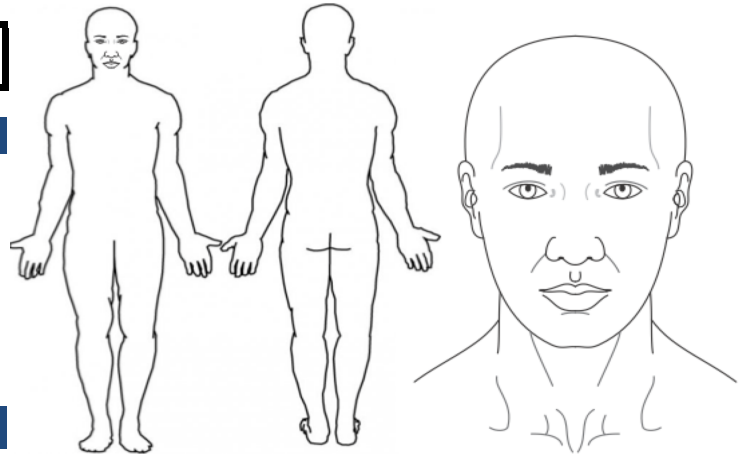
Address:  
City:  
Province:  
Postal Code:

Gender:  
If child, Parent's Name(s):

## REASON FOR REFERRAL

DDx: (mandatory)

## DESCRIBE THE LESION (details)



## REQUIRED ATTACHMENTS

- Previous pathology
- Any prior Dermatology consults
- Pertinent treatments tried

Past Medical Hx  see attached

**If you have URGENT concerns, please call the office (905) 834-4546.**

**Dr. Wilson or Dr. Dillon are happy to discuss any cases requiring urgent assessment.**

\*\*\*E-Referrals\*\*\* You can refer to us via OCEAN for in-person consult, or we are available for eCONSULT via OTN.

**PLEASE FAX TO: 905-834-3114**