

The Simcoe Muskoka Regional Cancer Program is now accepting referrals to their Skin Cancer Clinic.

The Skin Cancer Clinic provides access for patients:


- **Requiring a biopsy for suspected skin cancer lesions** such as melanoma and non-melanoma skin cancers such as basal cell carcinoma (BCC), squamous cell carcinoma (SCC), merkel cell carcinoma. This biopsy clinic operates out of the RVH Family Medicine Treatment Unit (FMTU) on selected Wednesday afternoons.
- **To regional surgeons, medical oncology and radiation oncology** for their skin cancer treatment from one access point.

Please note:

The Biopsy Clinic is **NOT a diagnostic skin lesion clinic**. For suspected skin lesions that are NOT cancer (e.g. inflammatory lesions, bullous-type lesions) please refer your patient to a dermatologist.

[Click here for the referral form](#), or visit www.rvh.on.ca (type "skin clinic referral" in search bar at the top)

Tips on using the referral form:



Skin Cancer Clinic Referral Form
 Royal Victoria Regional Health Centre
 201 GEORGIAN DRIVE, BARRIE, ONTARIO L4M 6M2
 Phone: 705-728-9090 Ext. 43305

Date of Referral (D/M/Y): _____

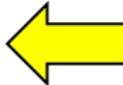
PATIENT INFORMATION					
Last Name		First Name		Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> other	D.O.B D/M/Y Phone
Address		City		Postal Code	OHIP # (with version code)
Other Contact Person or POA (Name & Phone)			Access Information: <input type="checkbox"/> Wheelchair required <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/> Translation needed (please state language: _____)		
Allergies			Medications (attach list to referral if need more space): 1. <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify: _____		
SUPPORTING INFORMATION					
SECTION A – Biopsy Not Completed			<input type="checkbox"/> Right <input type="checkbox"/> Left		
	Site	Tumour Size	Suspected Diagnosis		
1.					
2.					
3.					
SECTION B – Biopsy Complete, Pathology Positive For Cancer			<input type="checkbox"/> Front <input type="checkbox"/> Back		
	Site	Tumour Size	Diagnosis		
1.					
2.					
3.					
Please include pathology report with your referral and inform your patient of their cancer diagnosis. Request for specific Surgeon? Name of Surgeon: _____			2. <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Additional History/Previous Treatment: _____					
REFERRING PROVIDER INFORMATION					
Name		Billing#	Fax #:	Phone	
Are you the patient's Family Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No			Referring Provider's Signature:		
If no, please include Family Physician Info: Name: Phone: Ext.:					

Fax your completed form to FAX: 705-739-5636


Please attach to referral:

1. Anticoagulant therapy details
2. Pathology Report
3. Comprehensive Patient Profile (including ESB, MRSA and VRE)

Complete Section A
For FMTU biopsy clinic



Complete Section B
For patients with biopsy - confirmed skin cancer. Patient will be booked to surgeon/oncologist depending on type of skin cancer.



Questions? Contact Clerical Navigator, Skin Cancer Clinic 705-728-9090 x43305
RVH-SMRCPSkinNav@rvh.on.ca

Last updated December 18, 2019