**London Health Sciences Centre**

**London Regional Cancer Program**

**REFERRAL MULTIDISCIPLINARY SKIN CARCINOMA CLINIC**

FAX TO 519-685-8664

<table>
<thead>
<tr>
<th>DATE: (YYYY/MM/DD)</th>
<th>SUGGESTED TIME FRAME:</th>
<th>Urgent</th>
<th>Semi-Urgent</th>
<th>Regular</th>
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<tr>
<th>REFERRING PHYSICIAN</th>
<th>TELEPHONE No:</th>
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**Consultation Request:**
- Cutaneous Oncology Multidisciplinary Clinic
- Radiation Therapy Only
- Photodynamic Therapy

**HISTORY / DURATION:**

**Working Diagnosis:** (MUST include Biopsy/Pathology report)

**Patient Informed:**
- Yes
- No

**REASON FOR REFERRAL:** (✓ Check all that apply)
- Gross residual or recurrent disease after biopsy
- Complex reconstruction or cosmetic concerns
- Immunosuppressed
- Positive margins after excision
- Difficult to determine extent & depth
- Multiple, frequent skin cancers

**SIZE/STAGING:** (*Order CT for primary site and nodal basins at time of this referral*)
- No residual lesion (biopsy scar only)
- 2 cm or less
- 2 cm - 5 cm
- > 5 cm*
- Invades cartilage, skeletal muscles, or bone suspected*
- Poorly differentiated SCC*
- Perineural invasion or bone invasion*
- Palpable lymph nodes*
- Dermatofibrosarcoma*
- Atypical fibroxanthoma*

**LRCP OFFICE USE:**

Doctor/Service Request: ________________________________  Reviewed by: ________________________________

Physician Date

NS8514 (Rev. 2018/05/01)