

## Collingwood Surgery Skin, Soft Tissue and Wound Care

28 Huron Street, Suite 200 Collingwood, Ontario L9Y1C4

Tel: (705) 444-0089 Fax: (705) 444-0019

## REFERRAL FORM FOR SKIN, SOFT TISSUE AND WOUND CARE:

Dermatology:	Surgery:
□ Any Dermatologist	☐ Any Surgeon
□ Dr. Vijay Chaddah	🛘 Dr. Adegboyega Akinyele
	[] Dr. Michael Lisi
Wound Care:	Priority:
□ Jennifer Brewer (RN, BScN ETN)	□ Routine/Elective
□ Dr. John McCall	☐ Urgent (1-3 weeks)
	□ Emergent
Patient Demographics:	
Name:	
D.O.B:	Age:
Address:Phone:	
HC#:	
Reason for Referral:	
Past Medical History/Allergies ( Medications: Anti-Platelets Age Can these be stopped prior to pr	nts and Anti-Coagulants
Medications: Anti-Platelets Age	nts and Anti-Coagulants

Please ask patients to bring a valid OHIP health card.