

Dr. Gillian R. Fisher Inc.
Primary Care Skin Referral

A referral for MSP based Physician assessment is required. However, this form is not mandatory. You may also send a referral through your EMR.

FAX REFERRALS TO 778.605.2508. Our office will contact the patient directly. Referrals for patients under 12 years old will not be accepted. Please attach relevant information.

Location:

37820 3 Ave, Squamish, BC 755 6th Street, New Westminster, BC

Date:

Physician Information:

Name:	Phone:
MSP:	Fax:

Patient Information:

Name:	PHN:
Address:	DOB:
Email:	Phone:

MSP services:

- Acne Rosacea Melasma Other pigmentation issues
 Biopsy of mole or lesion Actinic Keratosis
 Other

Reason for referral:

Non-MSP services:

- Botox for Hyperhidrosis (axilla, hands, feet, scalp) Botox for chronic migraine and/or TMJ
 Vascular lesion (hemangioma, telangiectasia) Solar lentigo/sun damage
 Acne scarring

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