Dr. Timothy Adebisi, MD, MRCGP, CCFP
KINGS MEDICAL CENTRE
203 - 960 Yankee Valley Blvd SE
Airdrie, AB T4A 2E4
Ph: 587.775.1768 F: 587.775.7388

DERMATOLOGY REFERRAL FORM

Date of Referral: _____

Patient Information or Print Label

Name (Last, First):_____ Date of Birth:_____ Sex: M☐ F☐
Health Card #:_____
Address: _____ City:_____ Province:_____ Postal Code:_____
Phone No. Cell: _____ Home: _____

Referring Physician Information/Clinic Stamp

Name: _____ PRAC ID: _____
Phone: _____ Fax: _____
Address: _____
Signature: _____

Reason For Referral:

☐ Acne ☐ Dermatitis ☐ Psoriasis ☐ Rosacea ☐ Dermatophytosis ☐ Mole ☐ Annual mole check ☐ Wart
☐ Other

_____
_____
_____
_____