

# GTA MINOR SURGERY CLINIC REFERRAL FORM

Location: 2250 Bovaird Dr. E, Unit 303

Dr. Jennica Platt, MD MSc FRCSC  
Plastic and Aesthetic Surgery

Dr. Pavi Kundhal, MD MBA FRCSC  
General and Laparoscopic Surgeon

## REASON FOR REFERRAL (please specify):

### UN-INSURED SERVICES:

- Lipoma
- Cyst, body
- Cyst, face
- Mole
- Scar revision
- Skin tag
- Split ear lobe, other ear / earlobe
- Other: \_\_\_\_\_

### INSURED SERVICES:

- In-grown toe-nail (might have procedure on same date as consult)
- Carpal tunnel syndrome
- Trigger finger
- Cyst, hand
- Hydradenitis, small
- Pilonidal sinus, small
- Other: \_\_\_\_\_

## PATIENT INFORMATION (or label):

Name: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_  Male  Female  
DD / MM / YYYY

Address: \_\_\_\_\_  
Street # Street Name City Province Postal Code

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

OHIP: \_\_\_\_\_  
10 Digit # Version Code

## REFERRED BY (Or stamp) :

Name: \_\_\_\_\_ Physician #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTACT INFORMATION:

Please **FAX** all referrals to: (888) 610-5439

For any questions please call my office: (647) 946-5439

**\*\*PLEASE NOTE: MANY PROCEDURES REQUIRE A DISTINCT CONSULTATION VISIT\*\***