



— NORTH WESTERN —  
D E R M A T O L O G Y

117 Pascoe Vale Road, Moonee Ponds VIC 3039  
phone 9377 8888 fax 9377 8800

# URGENT REFERRAL

## To Dermatologist

### Patient Details

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact no. \_\_\_\_\_

### Reason for referral

- Possible melanoma or rapidly growing skin cancer
- Widespread rash
- Rash in pregnancy
- Severe rapid hair loss

### Referring Doctor Details

Name \_\_\_\_\_

Clinic name \_\_\_\_\_

Address \_\_\_\_\_

Provider No: \_\_\_\_\_

Signature \_\_\_\_\_

SEND COMPLETED REFERRAL FORM TO

North Western Dermatology

Fax: 9377 8800 Email: [admin@nwdermatology.com.au](mailto:admin@nwdermatology.com.au)