RIVERSDALE DERMATOLOGY

599 Riversdale Road
Camberwell 3124
T: 9978 9928
F: 9978 9929

REFERRAL FORM

Once complete please FAX form to 9978 9929, if this is an URGENT REFERRAL please phone 9978 9928 to confirm receipt and speak directly to one of our Dermatologists if necessary.

Patient Details

First Name: Last Name:

Date of Birth:

Address:

Best Contact phone no:

Reason for referral (Tick box):

URGENT Referral	Routine Appointment
☐ Suspected Melanoma ☐ Suspected SCC ☐ Urgent severe acute rash including: blistering conditions, generalised pustules, erythroderma, widespread or symptomatic drug eruption, allergic contact dermatitis ☐ Urgent skin infection including secondarily infected eczema ☐ Severe inflammatory nodulocystic acne ☐ Acute or severe rash in pregnancy	☐ Acne ☐ Eczema/Psoriasis ☐ Lesion ☐ Skin check ☐ Hair loss ☐ Nail disorder ☐ Other:

Referring Doctor details:

Name:

Practice Address/Stamp:

Provider No:

Phone: Fax:

Signature: Date:

Do you prefer to correspond via Argus: YES/NO