RIVERSDALE DERMATOLOGY

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

URGENT REFERRAL FORM – FOR DOCTORS' USE ONLY

After completing, please FAX to 9978 9929, and call reception to confirm receipt if urgent.

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

**If you would like your patient to be seen within 24-48 hrs, please call 03 9978 9928 to speak to a staff member.*
If the condition is an emergency, please liaise with your nearest Department of Emergency.