

Unify Health Clinic Procedure Referral Form

25 Industrial Street Unit 208, Toronto, ON M4G 1Z2
Telephone: 416 745 1555
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Date: _____

Patient Name: _____

Telephone #: _____

Patient Address: _____

Health Card #: _____

Referring physician: _____

Ref. physician fax #: _____

Ref. physician billing #: _____

Ref. physician telephone #: _____

Please provide relevant clinical information/question below (attach relevant information with this form):

Please select service requested below:

Urology

- ☐ Vasectomy
- ☐ Scrotal/penile cyst excision
- ☐ Frenulectomy/Frenuloplasty
- ☐ Phimosis

Plastic Surgery

- ☐ Skin lesion excision (ie. skin cancer, nevus, keratosis)
****MUST BE SENT WITH PATHOLOGY REPORT****
- ☐ Cyst, hemangioma, lipoma excision
****MUST BE SENT WITH IMAGING****
- ☐ Ganglion cyst excision (hand and wrist)
****MUST BE SENT WITH IMAGING****
- ☐ Trigger finger release
- ☐ Carpal tunnel release.
****MUST BE SENT WITH EMG/NCS CONFIRMATION****
- ☐ Upper eyelid blepharoplasty
- ☐ Botox/filler injections

Dermatology

- ☐ Punch biopsy to rule out skin cancer
- ☐ Benign skin lesion removal (skin tag/cyst/mole/seborrheic keratosis)
- ☐ Lumps/bumps (Please include imaging)
- ☐ Botox/Fillers (Cosmetic - no referral needed)
- ☐ Botox – Masseter (TMJ/Bruxism/Teeth grinding)
- ☐ Botox – Axillary (hyperhidrosis)
- ☐ Men's Hair loss (\$150 private fee for consultation. Fee refunded with use of PRP)
- ☐ Platelet Rich Plasma (PRP) for hair loss

Oculoplastic Surgery

- ☐ Eyelid lumps and bumps
- ☐ Chalazion removal
- ☐ Benign eyelid lesion removal
- ☐ Incisional/excisional biopsy
- ☐ Upper eyelid blepharoplasty
- ☐ Ptosis repair
- ☐ Entropion/Ectropion repair
- ☐ Lateral canthoplasty
- ☐ Botox injections

Ear, Nose, and Throat (ENT) Surgery

- ☐ Cervical node biopsy
- ☐ Local skin lesion excision
- ☐ Local skin flaps
- ☐ Scar revisions
- ☐ Mini-face lifts
- ☐ Botox and hyaluronic acid filler injections