

## Laser Clinic Referral Form

Ross Bay Laser #16-1594 Fairfield Rd Victoria, BC V8S 1G1 P: 250.477.5433 F:250.477.5431 Rossbaylaser.com

Patient Information:

Patient Name	
Patient Address	
Patient Phone	
Patient Date of Birth	
Patient PHN	

Please see for the following condition:

- \_\_\_\_\_ Plantar Warts (MSP)
- \_\_\_\_\_ Genital Warts (MSP)
- \_\_\_\_\_ Warts Elsewhere (Not covered by MSP- \$65per session)
- \_\_\_\_\_ Seborrheic Keratosis (Not covered by MSP- \$65per session)
- \_\_\_\_\_ Skin Tags (Not covered by MSP-\$65per session)
- \_\_\_\_\_ Onychomycosis (1-5 toes \$60, 6-10 toes \$120)

## **Referring Physician Information**

Name	
Address	
Phone	
Fax	



MSP Number	
Physician Signature	