



SEREVA SURGICAL

— MINOR SURGERY CLINIC —

Minor Surgery Referral Form

103–10350 Yonge St, Richmond Hill, ON

Phone: 289-805-7160 | Fax: 289-805-1024 | Email: admin@serevasurgical.ca

Please fax this form with relevant clinical information. We will contact the patient to arrange an assessment.

Reason for referral

Requested surgeon (if applicable): _____

- | | |
|---|---|
| ☐ Cyst | ☐ Lipoma |
| ☐ Pilonidal disease | ☐ Abscess |
| ☐ Benign skin lesion | ☐ Mole |
| ☐ Small skin cancer | ☐ Small umbilical hernia |
| ☐ Other: _____ | |

Patient information

Patient name: _____

Date of birth: _____

Health card number: _____

Phone: _____

Clinical details

Location, size, duration, symptoms, relevant history or urgency:

Relevant imaging / pathology attached: ☐ Yes ☐ No

Referring clinician

Name / clinic: _____

Phone: _____

Fax: _____

Date: _____