



Dr Clare Schofield

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Urgent Dermatology Referral

Patient Details:

Name:

Date of Birth:

Best Contact numbers:

Reason for Referral:

- Suspected melanoma
- Urgent lesion for diagnosis
- Severe acute rash
- Pregnancy associated rash
- Severe scarring acne
- Other:

Referring Doctor Details:

Name:

Practice Address or stamp:

Provider Number:

Signature:

Date:

We will endeavor to see urgent referrals within 48 hours.

Fax form to (03) 9939 8117

www.melbournecitydermatology.com.au