



Patient Referral Form

***Please note:** the fastest way to get your referral processed is at dermcafecanada.com/referralab
Faxed referrals require one-week manual processing and are discouraged

***Required**, incomplete Referrals are not accepted

Referring Physician Information

Referring Doctor/Nurse Practitioner's Title and Name*

Referring Doctor's Billing Number*

You must provide a contact email OR fax number*. Referral confirmations and consult letters will be sent here.

Referring Doctor's Secure Email. **Please ensure accuracy.**

OR

Referring Doctor's Fax. **Please ensure accuracy.**

Referring Doctor's Phone Number

Reason for Referral*

Please review our virtual-only scope of practice at: dermcafecanada.com/referralab

Patient Information

Patient's First Name*

Patient's Last Name*

Patient/Guardian's Email*

We are a VIRTUAL-ONLY clinic, **this is not optional.**
Please ensure accuracy.

Confirm Patient/Guardian's Email*

Emails must match.

Patient/Guardian's Phone Number*

By checking this box, the above named patient and provider(s) consent to be contacted by DermCafé via email, fax, text messaging or phone call.
This is required for use of DermCafé services. * View the patient and provider consents on dermcafecanada.com/referral

DermCafé is a VIRTUAL-ONLY dermatology clinic. If patient is uncomfortable with standard technology (email, webpages), DermCafé is NOT the right service for them.

**NEXT STEP: Patient will get an email with Booking Instructions from
info@dermcafecanada.com**

To submit MD/NP-to-Dermatologist eConsults responded to in 48hrs: dermcafecanada.com/econsultab