***Miss Samantha M T Anthony***

***MBBS(Lond) BSc MRCSEd***

***Associate Specialist in Dermatology***

***\*STAR\****

***Skin Surgery Service***

**SEE TREAT ANALYSE & REPORT**

**A GP referral service for the removal of benign cosmetic skin lesions**

**Referral Proforma**

**Patient Name:**

**Date of Birth:**

**Address:**

**\*\*Email: Telephone: Mobile:**

**GP Name & Address:**

**GP Telephone:**

**GP Fax:**

**Date of Referral:**

**\*PLEASE SPECIFY SITE AND NUMBER OF LESIONS REFERRED**

**Sebaceous cyst <3cm □ Skin Tag(s) □**

**Lipoma <3cm □ Dermatofibroma □**

**Benign naevus <1cm □ Spider Naevus □**

**Seborrhoeic Keratosis □ Haemangioma □**

**Axillary Hyperhydrosis□**

**\*I confirm the patient is over 16, is not pregnant, does not take warfarin, does not have a pacemaker, and no known allergy to local anaesthetics or latex. For larger pigmented or changing naevi, or any lesions with diagnostic uncertainty please consider alternative referral\***

**Past Medical History: Known Allergies:**

**Current Medication:**

**Please email this proforma to starclinic@drsamanthonyskin.com or info@centennialmedical.co.uk and your patient will be contacted to arrange their appointment. Alternatively you can fax to 0203 327 6171 or send to Miss S. Anthony, Centennial Medical Care, Centennial Park, Centennial Way, Elstree, WD6 3FG or call 0203 327 7777**

**\*PLEASE NOTE AN APPOINTMENT CAN ONLY BE MADE ON RECEIPT OF THE GP REFERRAL**