NHS

PriDerm

Community Dermatology Service

Referral Form

Name of Patient: _____

Date of Birth: _____

NHS Number: _____

Address: _____

_____

Postcode: _____

Telephone Numbers: _____

Referring GP: _____

Routine ☐ Urgent ☐

Please provide details of the referral below:

Please attach a copy of the patient's medication, any relevant past medical history and any relevant test results.

Please contact the PriDerm team on 01274 864638 with any queries.

Please fax the completed form to 01274 851042.