

Kanata Procedure Clinic

329 March Road
 Kanata, K2K 2E1
 Tel: 613-435-7730
 Fax: 613-435-4773

The Kanata Procedure Clinic

Patient's Name:
DOB:
Phone Number (H):
Phone Number (M):
OHIP:
Address:

Referring Physician:
OHIP Billing Number:
Fax Number:
Phone Number:

Signature:

REQUESTED PROCEDURE:

Excision:	Aspiration/Drainage:	Steroid Injection:
Skin Lesion Skin Biopsy Skin Tag (Uninsured) Cosmetic nevus (Uninsured) Sebaceous Cyst (Uninsured) Pilar Cyst (Uninsured) Thrombosed Hemorrhoid	Sebaceous Cyst Ganglion Cyst Bursitis	Shoulder Elbow Knee Hip Bursitis Keloid
	Other:	
	Cryotherapy of: Laceration Repair	

REASON FOR PROCEDURE:

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MEDICAL HISTORY

Medical Conditions:	Medications:	Allergies: