

## GP REFERRAL FORM

Private Removal of Moles, Cysts, Warts, Skin Tags, Lipomas



### PATIENT INFORMATION

First name:

Surname:

Address:

Postcode:

Telephone:

Email:

Mobile:

Date of birth (dd/mm/yyyy):

Occupation:

Reason for Referral:

### REFERRING PRACTITIONER

GP Name:

GP Practice:

Date of Referral (dd/mm/yyyy):

Signature (printed versions only):

### FOR THE PATIENT

Please contact Cosmedics Skin Clinics direct to make an appointment at one of our London or Bristol clinics:

Telephone: **0207 386 0464**  
Email: **info@cosmedics.co.uk**

Please bring this referral letter to your appointment.

See our website for more information on treatment of moles, skin tags, warts, cysts and lipomas.

**[www.cosmedics.co.uk](http://www.cosmedics.co.uk)**