SPOTWATCH Scan the skin you're in

Referral letter for 3D scan request

Patient information

Name:

Date of birth:

Address:

I am referring this patient for:

- ○ An annual 3D scan, performed before the yearly consultation with me, as a tool to better detect changes in pigmented lesions during my examination
- ○ Repeating a 3D scan every year, with referral back to me only if a suspicious lesion is identified
- ○ An annual 3D scan, alternating every 6 months with a yearly consultation with me
- ○ A one-time 3D scan as a baseline for future self-inspection
- ○ The SPOTWATCH advice regarding further follow-up frequency

Risk factors:

- *Melanoma in personal medical history ? (Where, when, at what stage?)*
- *Basal cell carcinoma? Squamous cell carcinoma ?*
- *Other? (family history of melanoma, immunosuppressive medication, ...)*
- - ...

Name + details of the referring physician + Stamp

RIZIV number