

Okotoks

P: 587.443.9500

F: 403.225.2914

Unit 102, 10 D'Arcy Ranch Dr.
Okotoks, AB
T1S 5V9

REJUVENATION

Excellence In Skin Care Since 1984

Calgary

P: 403.286.6888

F: 403.225.2914

A: **Calgary North**

10201 Southport Rd SW unit 102
T2W 4X9

Calgary North

130 Country Village Rd NE #405
T3K 6B8

Standard Dermatology Consult Referral Form

Fax to: 403.225.2914

Option 1

Appleseed, John

ID: 12345678

Chart:

102, 10201 Southport Rd SW, Calgary, AB T2W 4X9
403-286-6888

Gender: M

DOB: 01-JAN-1990

Apply Label Here

Location:

- ☐ Rejuvenation Calgary South
☐ Rejuvenation Calgary North
☐ Rejuvenation Okotoks

Urgency:

- ☐ Routine
☐ Urgent (Please provide reason under "Additional Information")

Option 2 - Leave blank if above complete

Patient and Physician Information:

Patient Last Name: _____

Given Name(s): _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ PHN: _____

DOB: _____

Referring Physician: _____

Practice Phone Number: _____

Practice ID: _____

Practice Fax Number: _____

Provider address: _____

Reason for Referral:

Consultation request will not be considered unless all required information is submitted and complete

Surgical & Medical Dermatology

- ☐ **Mohs Micrographic Surgery *ONLY CALGARY NORTH***
Location: _____
Duration: _____
Tumour size: _____
Biopsy done (please attach pathology): Yes ☐ No ☐
- ☐ **Growth/Tumor**
Location: _____
Duration: _____
Tumour size: _____
Biopsy done (please attach pathology): Yes ☐ No ☐
Concern of basal cell carcinoma: Yes ☐ No ☐
Concern of squamous cell carcinoma: Yes ☐ No ☐
Concern of melanoma: Yes ☐ No ☐
Concern of other: Yes ☐ No ☐
Please specify: _____
- ☐ **Melanoma** (please attach pathology)
- ☐ **Benign lesion** Location: _____ Size: _____
- ☐ **Rash**
Location: _____
Duration: _____
Working Diagnosis: _____
- ☐ **Autoimmune diseases** (diagnosis) _____
- ☐ **Eczema** ☐ **Psoriasis**
☐ **Hair disease** ☐ **Nail disease**
☐ **Hidradenitis suppurativa**
☐ **Skin check**
☐ **Other:** _____

Elective Dermatology

- ☐ **UV Therapy**
Location: _____
Eczema ☐ Severity: _____
Psoriasis ☐ Severity: _____
Other ☐ Severity: _____
- ☐ **PicoWay - Pigmented Lesions**
☐ **Vbeam - Vascular Lesions**
☐ **Acne & Scarring**
☐ **Skin Tightening**
☐ **Body Contouring**
☐ **Rosacea**
☐ **Melasma**
☐ **CO2 Laser Treatments**
☐ **Wart Treatments**
☐ **Cyst Removal**

Additional Information