

RapidDerm - Rejuvenation Dermatology Calgary South

Option 1 - Electronic Patient Demographics

Appleseed, John

ID: 12345678

Chart:

102, 10201 Southport Rd SW, Floor: M

Calgary, AB T2W 4X9

DOB: 01-JAN-1990

403-286-6888

Apply Label Here

Ordering Physician Stamp

Option 2 - Patient Demographics. Leave blank if above complete.

Patient Last Name: _____ Given Name(s): _____

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ PHN: _____ DOB: _____

Referring Physician: _____ Practice Address: _____

PRACID: _____ Practice Phone Number: _____ Fax Number: _____

Rapid Referral Type - Suspected or Confirmed

- | | | |
|--|--|--|
| <input type="checkbox"/> Actinic Keratosis | <input type="checkbox"/> Undifferentiated Lesion | <input type="checkbox"/> Chronic Sweating |
| <input type="checkbox"/> Atypical/Dysplastic Melanocytic Nevus | <input type="checkbox"/> Total Body Check | <input type="checkbox"/> Acne (to be seen by a GP Derm) |
| <input type="checkbox"/> Basal Cell Carcinoma | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Wart (to be seen by a GP Derm) |
| <input type="checkbox"/> Melanoma | <input type="checkbox"/> Atopic Dermatitis | <input type="checkbox"/> Rosacea (to be seen by a GP Derm) |
| <input type="checkbox"/> Squamous Cell Carcinoma | <input type="checkbox"/> Vitiligo | |

Location of Concern: _____ Has a biopsy been performed? ☐ Yes ☐ No — If yes, please attach.

Active Clinical Trial (Select from the below active clinical trials for eligibility assessment.)

- | | | |
|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Hidradenitis suppurativa | <input type="checkbox"/> Lupus |

Hours of Operation (Walk in):

Monday - Friday:

9:00 AM to 12:00 PM

Additional Wednesday hours:

3:00 PM to 5:00 PM

Wait times:

Patient wait times can range from 30 minutes to 4 hours. If no dermatologist is available, the patient may be booked the next business day.

Additional information:

Please be aware that your issue may initially be addressed by a General Practitioner with a focus in dermatology. It's important to note that if a patient's condition, extends beyond their professional scope, the patient will be promptly referred to our in-house dermatologist. For cases requiring the dermatologist's attention, please proceed with submitting your referral via our standard referral process. For any inquiries regarding the Rapid Access Program, feel free to contact us at operations@rejuvgroup.com

Please bring a copy of this referral form in addition to your Alberta personal health care card and any additional identification.

This clinic has a zero-tolerance policy for verbal abuse toward any personnel. Any such behaviour will result in immediate discharge of the patient from the office.