

## RapidDerm Clinic - Rejuvenation Dermatology Edmonton South

### Option 1 - Electronic Patient Demographics

Appleseed, John  
ID: 12345678 Chart:  
102, 10201 Southport Road SW/ Gender: M  
Calgary, AB T2V 7K9 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"/> Abnormal Lesion	<input type="checkbox"/> Excessive Sweating
<input type="checkbox"/> Atypical/Dysplastic Melanocytic Nevus	<input type="checkbox"/> Total Body Check	<input type="checkbox"/> Acne (May be seen by a GP Derm)
<input type="checkbox"/> Basal Cell Carcinoma	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Wart (May be seen by a GP Derm)
<input type="checkbox"/> Melanoma	<input type="checkbox"/> Atopic Dermatitis	<input type="checkbox"/> Rosacea (May 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

#### Wait times:

Patient can experience longer wait times as this is a specialist office. If no dermatologist is available, the patient may be booked the next business day.

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.

#### Additional information:

Please note that to address your concerns, you must schedule an appointment in advance; walk-ins are not accepted. Your initial consultation may be with a General Practitioner who specializes in dermatology. Should your condition require further expertise, you will be referred to our specialist dermatologist. **To facilitate this, ensure that your referral is submitted to us via fax.** Upon receiving your referral, we will schedule your appointment at the earliest available slot. Remember to bring your referral form, Alberta personal health care card, and any additional identification to your appointment.

For questions about the RapidDerm Clinic or to book your appointment, please contact us at operations@rejuvgroup.com.