

REJUVENATION

Excellence In Skin Care Since 1984

Contact Information

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A: **Edmonton South**

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Edmonton, AB T6W 0J5

Edmonton Downtown

10665 Jasper Ave #780

Edmonton, AB T5J 3S9

Standard Dermatology Consult Referral Form

Fax to: 780.425.1217

Option 1

Appleseed, John

ID: 12345678

Chart:

102, 10201 Southport Rd SW Gender: M

Calgary, AB T2W 4X7 DOB: 01-JAN-1990

403-286-6888

Apply Label Here

Urgency:

☐ Routine

☐ Urgent (< 2 weeks) 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

☐ Growth/Tumor/Lesion

Location: _____

Duration: _____

Tumour size: _____ ☐ No ☐

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 ☐

Please specify: _____

☐ Melanoma (please attach pathology)

☐ Photodynamic Therapy Location: _____

☐ 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

Revised: May 2023