

Option 1

Electronic Patient Demographics

Appleseed, John
 ID: 12345678 Chart:
 102, 10201 Southport Road SW Gender: M
 Calgary, AB T2W 4X9 DOB: 01-JAN-1990
 403-286-6888

Apply Label Here

Ordering Physician Stamp

Option 2 - Leave blank if above complete

Patient Demographics

Patient Last Name: _____ Given Name(s): _____
 Address: _____ City: _____ Postal Code: _____
 Phone Number: _____ PHN: _____ DOB: _____
 Referring Physician: _____ Practice Phone Number: _____
 PRACID: _____ Practice Fax Number: _____

Rapid Referral Type

Dermatologist Specialty <input type="checkbox"/> Lesion (SCC/BCC) <input type="checkbox"/> Mole Check <input type="checkbox"/> Positive Biopsy	General Dermatology Concerns, may be seen by a dermatology-focused General Practitioner <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Psoriasis</td> <td style="width: 33%;"><input type="checkbox"/> Atopic Dermatitis</td> <td style="width: 33%;"><input type="checkbox"/> Vitiligo</td> </tr> <tr> <td><input type="checkbox"/> Acne</td> <td><input type="checkbox"/> Rosacea</td> <td><input type="checkbox"/> Chronic Migraine</td> </tr> <tr> <td><input type="checkbox"/> Wart</td> <td><input type="checkbox"/> Hair Loss</td> <td><input type="checkbox"/> Chronic Sweating</td> </tr> </table>	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Atopic Dermatitis	<input type="checkbox"/> Vitiligo	<input type="checkbox"/> Acne	<input type="checkbox"/> Rosacea	<input type="checkbox"/> Chronic Migraine	<input type="checkbox"/> Wart	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Chronic Sweating
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<input type="checkbox"/> Wart	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Chronic Sweating								

Please Note: Should the condition being treated by a dermatology-focused General Practitioner be outside of their scope of practice, your patient will be immediately seen by our Dermatologist. If your patient is needing to be seen by the dermatologist for concerns listed on the right of the referral selection card, please submit your referral through our regular referral program. Lesions, Mole Checks and Positive Biopsies are seen by the dermatologist through this Rapid Access Form. If you have questions about the Rapid Access Program, please call 780-425-1212 or email Jennifer@laserclinics.com.

Please Present This Form at Check-In

You have been referred to Rejuvenation through our Rapid Program! Here is some important Information about your upcoming appointment:

Ways to see us:

1) Walk-In

You can visit our location to be seen same-day. Please note that wait-times may be 1 - 2 hours as we are adjusting our schedule to see your urgent concern. If we cannot see you same-day, we will schedule you an appointment to be seen within 7 physician working days.

2) Call or Text 780.425.1212 to book

If you are unable to wait 1-2 hours for a same-day appointment, you may book your appointment with us by calling or texting us! We guarantee to book you an appointment to be seen within 14 physician working days.

How to find us:

Address

101, 5083 Windermere Blvd SW
Edmonton, AB T6W 0J5

Landmark

We are located in the Jayman Homes building (101 entrance) just off the Anthony Henday. Use Rabbit Hill Road exit towards Sentinel Storage. We are located on Windermere Blvd.

