REJUVENATION Excellence In Skin Care Since 1984



Option 1

Electronic Patient Demographics

Appleseed, John
ID: 12345678 Chart:
102, 10201 Apply Cabel Fiere: M
Calgary, AB DOB: 01-JAN-1990
403-286-6888

Ordering Physician Stamp

Option 2 - Leave blank if above complete

Patient Demographics

Patient Last Name:

Address:	C	ity:	Postal Code:	
Phone Number:		PHN:	DOB:	
Referring Physician:		Practice Phone Number:		
PRACID:		Practice Fax Number:		
Rapid Referral Type				
Dermatologist Specialty	General Dermatology Concerns, may be seen by a dermatology-focused General Practitioner			
[] Lesion (SCC/BCC) [] Mole Check [] Positive Biopsy	[] Psoriasis [] Acne [] Wart		c Dermatitis cea .oss	[] Vitiligo [] Chronic Migraine [] Chronic Sweating

Given Name(s):

Please Note: Should the condition be outside of the scope of a dermatology-focused General Practitioner, your patient will be immediately seen by a 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 service. 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 403-286-6888 or email referrals@rejuvgroup.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:

How to book:

Call or Text 780.425.1212 to book

To provide you with the best and most prompt experience, an appointment is required. Please call or text us to book your appointment today! We guarantee you will be seen within 14 physician working days.

How to find us:

Address

#780 - 10665 Jasper Ave Edmonton, AB, T5J 3S9

Landmark

Find us in First Edmonton Place directly on Jasper Ave.

