

Option 1

## Electronic Patient Demographics

**Appleseed, John**  
 ID: 12345678      Chart: \_\_\_\_\_  
 102, 10201 Southport Road SW      Gender: M  
 Calgary, AB T2V 4K9      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

<b>Dermatologist Specialty</b> <input type="checkbox"/> Lesion (SCC/BCC) <input type="checkbox"/> Mole Check <input type="checkbox"/> Positive Biopsy	<b>General Dermatology Concerns, may be seen by a dermatology-focused General Practitioner</b> <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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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

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

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

#### Landmark

Find us in First Edmonton Place directly on Jasper Ave.