REJUVENATION

Excellence In Skin Care Since 1984

Contact Information

P: 778.800.2007 F: 778.897.0688 A: Burnaby 3185 Willingdon Green #100 Burnaby, BC V5G 4P3

Standard Dermatology Consult Referral Form

Fax to: 778.897.0688

Option 1

 Appleseed, John
 Chart:

 ID: 12345678
 Chart:

 102, 10201
 Satpoly
 Gender: M

 Calgary, AB T2W 4X
 Color: 01-JAN-1990

 403-286-6888
 Color: 01-JAN-1990

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 Nam	ie(s):	
Address:		City:		Postal Code:
Phone Number:	PHN:		DOB:	
Referring Physician:		Practice Pho	one Number:	
Provider MSP		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:		
Biopsy done (please attach pathology): Concern of basal cell carcinoma:	Yes □ Yes □	No 🗌
Concern of squamous cell carcinoma: Concern of melanoma:	Yes □ Yes □	
Concern of other: Please specify:	Yes 🗌	
Melanoma (please attach pathology) Photodynamic Therapy Location: Benign lesion Location:		
	0.20.	
Location:		
Duration:		
Working Diagnosis: Autoimmune diseases (diagnosis)		
□ Eczema □ Psoriasis		
🗌 Hair disease 🛛 🗌 Nail disease		
Hidradenitis suppurativa		
□ Skin check □ Other:		

Elective Dermatology				
UV Therapy				
Eczema 🗌	Severity:			
Psoriasis 🗆	Severity:			
Other 🗌	Severity:			
Pigmented Lesions				
□ Vascular Lesions				
□ Acne & Scarring				
Skin Tightening				
Body Contouring				
Rosacea				
🗆 Melasma				
CO2 Laser Treatments Wart				
Treatments				
🗌 Cyst Removal				

Additional Information