

# REJUVENATION

Excellence In Skin Care Since 1984

## Contact Information

P: 778.262.0880

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A: Coal Harbour

62, 1055 Canada Pl Vancouver, BC  
V6C 0C3

## Standard Dermatology Consult Referral Form

Fax to: 778.262.1333

### Option 1

Appleseed, John  
ID: 12345678 Chart: \_\_\_\_\_  
102, 10201 Southport Rd SW Gender: M  
Calgary, AB T2W 4X9 **Apply Label Here** DOB: 01-JAN-1990  
403-286-6888

### 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: \_\_\_\_\_

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

- Mohs Micrographic Surgery**  
\*Consultation Only, Eligible Surgery at Calgary North Location  
Location: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Tumour size: \_\_\_\_\_  
Biopsy done (please attach pathology): Yes  No
- Growth/Tumor/Lesion**  
Location: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Tumour size: \_\_\_\_\_  
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  No   
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: \_\_\_\_\_
- Pigmented Lesions**  
 **Vascular Lesions**  
 **Acne & Scarring**  
 **Skin Tightening**  
 **Body Contouring**  
 **Rosacea**  
 **Melasma**  
 **CO2 Laser Treatments**  
 **Wart Treatments**  
 **Cyst Removal**

### Additional Information

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Revised: June 2023