

REJUVENATION

Excellence In Skin Care Since 1984

Contact Information

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F: 780.425.1217

A: **Edmonton South**

5083 Windermere Blvd Unit 101

Edmonton, AB T6W 0J5

Edmonton Downtown

10665 Jasper Ave #780

Edmonton, AB T5J 3S9

Standard Dermatology Consult Referral Form

Fax to: 780.425.1217

Option 1

Appleseed, John

ID: 12345678

Chart:

102, 10201 Southport Rd SW, Gender: M

Calgary, AB T2W 4X9, DOB: 01-JAN-1990

403-286-6888

Apply Label Here

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: _____

Practice ID: _____ 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): 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

Revised: June 2023