

# REJUVENATION

Excellence In Skin Care Since 1984

## Contact Information

P: 416.577.8359

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A: Oakville

101, 2295 Bristol Circle  
Oakville, ON L6H 6P8

## Standard Dermatology Consult Referral Form

Fax to: 437.826.3707

### 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: \_\_\_\_\_ OHIP: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Practice Phone Number: \_\_\_\_\_

Billing Number: \_\_\_\_\_ 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**

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

Revised: June 2023