REJUVENATION

Excellence In Skin Care Since 1984

Contact Information

P:403.286.6888
F:403.225.2914

Calgary South
10201 Southport Rd SW
Unit 102 200, T2W 4X9

Calgary North
130 Country Village Rd NE
Unit 405, T3K 6B8

Dermatology Consult Referral Form

Fax to: 403.225.2914

Option 1

Appleseed, John
ID: 12345678
102, 10201 Southport Rd SW
Calgary, AB T2W 4X9
403-286-6888

Chart:
Gender: M
DOB: 01-JAN-1990

Apply Label Here

Location:

- ☐ Rejuvenation Calgary South
- ☐ Rejuvenation Calgary North

Urgency:

- ☐ Routine
- ☐ Urgent (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

- ☐ **Mohs Micrographic Surgery** *AVAILABLE ONLY AT CALGARY NORTH*
  - 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