Contact Information



P: 403.286.6888 F: 403.225.2914 102, 10201 Southport Rd SW Calgary, AB T2W 4X9

RapidDerm Clinic - Rejuvenation Dermatology Calgary South

Option 1 - Electronic Patient Demographics

| Appleseed, John ID: 12345678 102, 10201 Apply Cat Calgary, AB 403-286-6888 | Chart: Del Here DOB: 01-JAN-1990 | Ordering Physician Stamp |
|--|---|--------------------------|
|--|---|--------------------------|

Option 2 - Patient Demographics. Leave blank if above complete.

| Patient Last Name: | | Given Name(s): | | | |
|----------------------|-------------------|----------------|------|--------------|--|
| Address: | | City: | | Postal Code: | |
| Phone Number: | PHN: | | DOB: | | |
| Referring Physician: | Practice Address: | | | | |
| PRACID: | Practice Phone | Number: | | Fax Number: | |

Rapid Referral Type - Suspected or Confirmed

| [] Actinic Keratosis[] Atypical/Dysplastic Melanocytic Nevus[] Basal Cell Carcinoma | [] Undifferentiated Lesion[] Total Body Check[] Psoriasis | Chronic Sweating Acne (to be seen by a GP Derm) Wart (to be seen by a GP Derm) |
|--|--|--|
| [] Melanoma [] Squamous Cell Carcinoma | [] Atopic Dermatitis [] Vitiligo | [] Rosacea (to be seen by a GP Derm) |

Location of Concern: _____

_____ Has a biopsy been performed? 🗌 Yes 🗌 No — If yes, please attach.

Active Clinical Trial (Select from the below active clinical trials for eligibility assessment.)

| [] Dermatitis | [] Eczema | [] Psoriasis |
|----------------|------------------------------|---------------|
| [] Alopecia | [] Hidradenitis suppurativa | [] Lupus |

Hours of Operation (Walk in):

Monday - Friday:

9:00 AM to 12:00 PM

Additional Wednesday hours:

3:00 PM to 5:00 PM

Wait times:

Patient wait times can range from 30 minutes to 4 hours. If no dermatologist is available, the patient may be booked the next business day.

Additional information:

Please be aware that your issue may initially be addressed by a General Practitioner with a focus in dermatology. It's important to note that if a patient's condition extends beyond their professional scope, the patient will be promptly referred to our in-house dermatologist. For cases requiring the dermatologist's attention, please proceed with submitting your referral via fax. For any inquiries regarding the RapidDerm Clinic, feel free to contact us at operations@rejuvgroup.com.

Please bring a copy of this referral form in addition to your Alberta personal health care card and any additional identification.

This clinic has a zero-tolerance policy for verbal abuse toward any personnel. Any such behaviour will result in immediate discharge of the patient from the office.