

RapidDerm Clinic - Rejuvenation Dermatology Coal Harbour

Option 1 - Electronic Patient Demographics

Appleseed, John
 ID: 12345678 Chart: _____
 102, 10201 Southport Road SW, Floor: M
 Calgary, AB T2W 4K9 DOB: 01-JAN-1990
Apply Label Here
 403-286-6888

Ordering Physician Stamp

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

Patient Last Name: _____ Given Name(s): _____
 Address: _____ City: _____ Postal Code: _____
 Phone Number: _____ MSP: _____ DOB: _____
 Referring Physician: _____ Practice Address: _____
 Provider MSP Number: _____ Practice Phone Number: _____ Fax Number: _____

Rapid Referral Type - Suspected or Confirmed

<input type="checkbox"/> Actinic Keratosis	<input type="checkbox"/> Contact Dermatitis	<input type="checkbox"/> Squamous Cell Carcinoma
<input type="checkbox"/> Atypical/Dysplastic Melanocytic Nevus	<input type="checkbox"/> Basal Cell Carcinoma	<input type="checkbox"/> Undifferentiated Lesion
<input type="checkbox"/> Acute Onset Atopic Dermatitis	<input type="checkbox"/> Melanoma	

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.)

<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Eczema	<input type="checkbox"/> Psoriasis
<input type="checkbox"/> Alopecia	<input type="checkbox"/> Hidradenitis suppurativa	<input type="checkbox"/> Lupus

Hours of Operation (Walk in):

Tuesday - Thursday:

8:00am - 11:00am

Wait times:

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

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 our standard referral process. 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 British Columbia personal health care card and any additional identification. This form must be brought in person and cannot be sent beforehand via email, text, or other modes of electronic communication

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.