

# REJUVENATION

Excellence In Skin Care Since 1984

## Standard Dermatology Consult Referral Form

Fax to: 403.225.2914

### Contact Information

P: 403.286.6888

F: 403.225.2914

A: Calgary South

10201 Southport Rd SW unit 102  
T2W 4X9

Calgary North

130 Country Village Rd NE #405  
T3K 6B8

Option 1

**ATTN: DR. RYAN LEWINSON**

Appleseed, John

ID: 12345678

Chart:

102, 10201 Southport Rd SW, Calgary, AB T2W 4X9

Gender: M

403-286-6888

DOB: 01-JAN-1990

**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

☐ Mohs Micrographic Surgery \*ONLY 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

**ATTN: DR. RYAN LEWINSON**

Revised: June 2023