

RapidDerm Clinic - Rejuvenation Dermatology Oakville

Option 1 - Electronic Patient Demographics

Appleseed, John
 ID: 12345678 Chart:
 102, 10201 Southport Road SW Endor: 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: _____ OHIP: _____ DOB: _____
 Referring Physician: _____ Practice Address: _____
 Practice name: _____ Practice Phone Number: _____ Fax Number: _____

Rapid Referral for SINGLE LESION CHECK - Suspected or Confirmed

<input type="checkbox"/> Atypical/Dysplastic Melanocytic Nevus	<input type="checkbox"/> Squamous Cell Carcinoma	<input type="checkbox"/> Melanoma
<input type="checkbox"/> Basal Cell Carcinoma	<input type="checkbox"/> Undifferentiated Lesion	

Location of Concern: _____ Has a biopsy been performed? Yes No — If yes, please attach.

The RapidDerm program is to assess a single lesion with the concern of potential skin malignancy. Assessment of any additional issues to the SINGLE LESION OF CONCERN will NOT be performed. We reserve the right to request an additional referral if required.

Hours of Operation (Walk in):

Monday - Friday:
 9:00 AM to 12:00 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 where you are specifically requesting 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 OHIP 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.