

# DERMATOLOGY REFERRAL FORM

Dr. AnneLiese Smylie Dr. Luvneet Verma Dr. Diego Rojas Dr. Kevin Tok

REV. 2025/04/22

## Preferred Location

(Please select one)

☐ Southwest Edmonton

202-6413 Cartmell Place SW  
Edmonton

☐ Spruce Grove

215-20 Westwind Drive  
Spruce Grove

☐ Any Location

Fastest Appointment  
Date Available

## Patient Information

Date:

D / M / Y

Patient's Name:

Gender: ☐ Male ☐ Female ☐ Other

Date of Birth:

D / M / Y

PHN:

Address:

Home Tel:

City & Province:

Work Tel:

Postal Code:

Email:

## Reason for Referral

☐ Routine ☐ Urgent

- |                                                       |                                                          |                                           |                                                        |
|-------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Lesions (BCC, SCC, Melanoma) | <input type="checkbox"/> Acne/Acne Scarring/Folliculitis | <input type="checkbox"/> Hair Transplant  | <input type="checkbox"/> Melasma                       |
| <input type="checkbox"/> General Skin Check           | <input type="checkbox"/> Wart                            | <input type="checkbox"/> Vitiligo         | <input type="checkbox"/> Hirsutism                     |
| <input type="checkbox"/> Mole Removal                 | <input type="checkbox"/> Cyst Removal                    | <input type="checkbox"/> Chronic Migraine | <input type="checkbox"/> Urticaria                     |
| <input type="checkbox"/> Rashes                       | <input type="checkbox"/> Hair Loss/Alopecia Areata       | <input type="checkbox"/> Chronic Sweating | <input type="checkbox"/> Hidradenitis Suppurativa (HS) |
| <input type="checkbox"/> Precancerous Lesions (AK)    | <input type="checkbox"/> Atopic Dermatitis               |                                           |                                                        |
| <input type="checkbox"/> Seborrheic Keratosis         | <input type="checkbox"/> Rosacea                         |                                           |                                                        |
| <input type="checkbox"/> Psoriasis                    | <input type="checkbox"/> Skin Tags                       | <input type="checkbox"/> Other: _____     |                                                        |

## Relevant Medical History & Medications

☐ Chart Attached

## Referring Physician

Physician's Name:

PRACID:

Work Tel:

Signature:

Work Fax:

**PLEASE FAX TO 587.520.3283 THANK YOU!**



SKIN PHYSICIANS  
DERMATOLOGY

**SOUTHWEST EDMONTON**  
202-6413 Cartmell Place SW  
Edmonton, Alberta  
Canada T6W 4V4

**SPRUCE GROVE**  
215-20 Westwind Drive  
Spruce Grove, Alberta  
Canada T7X 0Y5

T 587.520.0755  
F 587.520.3283  
info@skinphysicians.ca

## Prior to your Appointment - please review the following

To ensure that your experience at Skin Physicians is efficient and enjoyable please review the following information prior to your appointment:

### You can be confident that you will receive safe, high-quality, compassionate care from your team at Skin Physicians!

- If you are a new patient and have not yet been seen by a Skin Physicians dermatologist before, please arrive 15 minutes prior to your appointment to fill out the appropriate paperwork required for your visit
- Please ensure you bring your AB Health Care Card and Photo ID to your first and every appointment
- Please bring a hair tie and wear minimal makeup
- Please come 5 minutes prior to your scheduled appointment time
- If you believe you will be late, please let us know immediately
- Please note if you arrive late, we are unable to guarantee a Dermatologist can see you
- No Show fees may apply



**2 LOCATIONS TO SERVE YOU**

**SOUTHWEST EDMONTON**  
202-6413 Cartmell Place SW  
Edmonton, AB T6W 4V4

**SPRUCE GROVE**  
215-20 Westwind Drive  
Spruce Grove, AB T7X 0Y5

**FAX TO BOOK TODAY!**  
T 587.520.0755  
F 587.520.3283