

DERMATOLOGY REFERRAL FORM

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

REV. 2026/05/12

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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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!

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