RAPID ACCESS SKIN CANCER CLINIC NOW ACCEPTING REFERRALS!

Dear Healthcare Professional:

Skin Health & Wellness Centre™ is pleased to announce that the Rapid Access Skin Cancer Clinic is now accepting referrals.

Patients will be seen on a walk-in basis during the following times:

- Monday to Thursday from 9:15 AM 11:15 AM and 1:15 PM 3:15 PM
- Friday from 9:15 AM 11:15 AM

Additional instructions:

- Please send referrals to the Rapid Access Skin Cancer Clinic via facsimile (403.536.2403) using the attached referral form AND provide the patient with a copy of the referral form to bring with him/her/them.
- Referral forms have been added to the following electronic medical record (EMR) systems: Accuro, Ava, Health Quest, Med Access, and PS Suite.
- If your clinic prefers a PDF version of the referral form, please e-mail us at: hello@skinhealthwellness.com.
- Patients must bring their Alberta personal health care card and any other valid government-issued identification.
- Please advise your patient that there are a limited number of appointment slots per day for the Rapid Access Skin Cancer Clinic and he/she/they may be booked the next day. We will do our very best to see all patients in an expedited manner.
- Patients referred to the Rapid Access Skin Cancer Clinic must have a confirmed or suspected skin cancer diagnosis. Referrals for any other conditions will NOT be accommodated.
- Note that the Rapid Access Skin Cancer Clinic is for adult patients only—pediatric patients will be scheduled through the regular referral process in the Pediatric Dermatology Clinic.

Address: Skin Health & Wellness Centre™

Meadows Mile Professional Building Suite

350, 8500 Blackfoot Trail S.E. Calgary, Alberta | T2J 7E1

Telephone: 403.264.7546

Facsimile: 403.536.2403

E-Mail: hello@skinhealthwellness.com

Sincerely yours,



RAPID ACCESS SKIN CANCER CLINIC REFERRAL FORM

1 0 1	Skin Health & Wellness Centre™ Meadows Mile Professional Building		1 (7) 1	uite 350, 8500 Blackfoot Trail S.E. algary, Alberta T2J 7E1
40	403.264.7546		pa	tientcare@skinhealthwellness.com
40	403.536.2403		₩\	ww.skinhealthwellness.com
Patient Information				
		[Print or A	ffix Stamp]	
Name:		Address:		Telephone [Home]:
Personal Health Number	r:	City/Town:		Telephone [Mobile]:
Date of Birth:	Gender:	Province/Territory:	Postal Code:	E-Mail:
Referring Practitioner Information				
[Print or Affix Stamp]				
Name:		Address:		Telephone [Home]:
Practitioner ID:		City/Town:		Telephone [Mobile]:
Clinic/Hospital:		Province/Territory:	Postal Code:	E-Mail:
Clinic/Hospital:		Province/Territory: Referral Reque		
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Date: Reason:	ous or Cancerous Growth			ation
Date: Reason:	ous or Cancerous Growth			ation
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Date: Reason: Suspected Precancero Actinic Keratosis Atypical/Dysplastic Basal Cell Carcinon	Melanocytic Nevus			ation
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Please bring a copy of this referral form in addition to your Alberta personal health care card and any other valid government-issued

referral process in the Pediatric Dermatology Clinic.

immediate discharge of the patient from the office.

identification. Note that the Rapid Access Skin Cancer Clinic is for adult patients only-pediatric patients will be scheduled through the regular

The clinic has a zero-tolerance policy for verbal abuse (including inappropriate language, yelling, aggression or threats) towards any physician or other staff personnel whether this occurs in-person, via telephone or e-mail, or through voicemail messages. Any such behavior will result in

Additional

Instructions: