



RAPID ACCESS

EXCELLENCE IN SKIN CARE SINCE 1984

Date Issued: _____

Patient Last Name: _____ Given Name(s): _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Health Care #: _____

Referring Physician: _____ Practice Phone Number: _____

Physician Address: _____ Practice Fax Number: _____

- Lesion Psoriasis Acne Wart
 Atopic Dermatitis Rosacea

PRACID: _____

For rapid access referrals involving warts, molluscum contagiosum or acne - the initial consultation will be conducted by Dr. Paul Kuzel or Dr. Michael Massie, our in-house dermatology-focused general practitioner.

Know Before You Go

Text "Rapid" to 403-286-6888
or visit <http://rapid.laserclinics.com>



REJUVENATION
LASER DERMATOLOGY CLINICS

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