First Choice Medical Centre
1101, 314 1st Street E.
Cochrane, AB T4C 1Z2
Ph: (587) 493-1212
Fx: (587) 493-1168

Jennifer Greenland
Medical Esthetician

Aesthetic Referral Form

Using EliteIQ Laser and Potenza RF Microneedling

Patient Information/Patient Label:	**Referring Physician/Clinic Information:**
First Name: _____ Last Name: _____ PHN: _____ Gender: _____ DOB (MM/DD/YYYY): _____/_____/_____ Phone: _____ Email: _____ Address: _____ _____	Referring Physician: _____ Clinic Name: _____ Office Phone: _____ Office Fax: _____ PRAC ID: _____ Signature: _____

Indication for Referral EliteIQ:	**Indication for Referral Potenza:**
☐ Rosacea / Facial redness ☐ Skin Rejuvenation / Photoaging ☐ Laser Hair Removal ☐ Vascular Lesions (spider veins, angiomas, redness) ☐ Pigmented Lesions (sun spots, age spots, freckles) ☐ Uneven Skintone / Discoloration ☐ Other: _____	☐ Skin Rejuvenation / Anti-aging ☐ Acne Scarring ☐ Fine Lines / Wrinkles ☐ Stretch Marks ☐ Enlarged pores / Skin texture ☐ Skin tightening / Laxity ☐ Post inflammatory hyperpigmentation ☐ Hair Restoration ☐ Other: _____

Please note that this service is **NOT** covered by Alberta Health Services. The fees will be discussed during the consultation appointment. Financing is available through Beautifi. Visit https://1stchoicemedical.ca/beautifi to learn more.

Self refer to Jenn at (587) 493 - 1212
Please fax referrals to (587) 493-1168