



DERM.CA
Dermatology & Esthetics

Derm.ca Patient Information

Last Name:) _____ Legal First Name: _____ Preferred Name: _____

Date of Birth: DD _____ MM _____ YY: _____ Gender (please circle): M / F

Address: _____ City: _____ Postal Code: _____

Health Care #: _____ Home Phone #: () _____

Mobile Phone #: () _____ Family Doctor: _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____ Phone #: () _____

How would you like to receive appointment reminders? (Please circle ONE):

Email Text Call to Mobile Phone Call to Home Phone

Do you have a cough, shortness of breath, fever or chills? _____

Do you have any known allergies? _____

Are You Interested in Hearing About Our Cosmetic Procedures? _____

Do you consent to Derm.ca contacting you regarding Cosmetic Procedure _____

How did you hear about us? _____

Cancellation/No Show Policy

We require two (2) business days' notice for any time change or cancellation of all types of appointments. Failure to do so will result in a cancellation/no show fee.

The fees for missed appointments and/or late cancellations are as follows:

- Appointment with the Doctor and Nurse Appointments: \$100.00 + GST
- Surgery and Removals: \$350 + GST
- Cosmetic/Laser Treatments: 50% of the cost of the procedure + GST

If you miss an appointment or fail to give 2 business days' notice for a cancellation, payment of the cancellation/no show fee will be required before another appointment will be booked for you.

I understand that after a 12 month period without seeing Dr. Alanen, I may require a NEW REFERRAL from my family doctor or walk in clinic. (This does not apply for patients who are seeing Dr. Alanen for cosmetic procedures.)

By signing below you confirm that you have read and fully understand this policy and its guidelines.

Patient/Guardian Signature: _____ Date: _____