Capilano Medical Centre
T: 780-761-3330 | F: 780-756-5442
5818 Terrace Rd NW | Edmonton, AB T6A 3Y8

REFERRAL REQUEST

Patient Information **Patient Phone # _____**

{affix patient label here}

Circle One: **URGENT** ROUTINE

Internist	☐
Psychiatrist	☐
Women's Health & Menopause	☐
IUD Inset/Removal	☐
Diabetes	☐
Pain Management	☐
Weight Management	☐

Reason for Referral

_____

_____

_____

_____

Referring Physician:_____ Prac ID:_____
Date:_____

Please fax this form to: 780-756-5442

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