PRISTINE HEALTH CLINIC
Caring Healthcare Providers

PRISTINE HEALTH CLINIC INC.

NE Branch: 109 – 3223 5th Ave. NE, Calgary AB. T2A 6E9. Tel: 403- 800-2234; Fax:403-800-2245
SE Branch: 108 - 11420 27 Street SE Calgary AB. T2Z 3R6. Tel: 403- 800-2242; Fax:403-800-2243

GENERAL CONSULT REQUEST FORM

Your Clinic Phone: _____ Fax Completed Request To: **403-800-2245**

Your Clinic Fax: _____ Date: _____

PATIENT LABEL	REFERRING PROVIDER'S STAMP/DETAILS

Reason for Consult: (Please select at least one of the following)

Service Requested:	**Preferred Clinic**	☐ NE	☐ SE
☐ **Allergy Testing and Immunotherapy**	**Priority**	☐ Urgent	☐ Routine

☐ **Skin Clinic**

☐ **Procedural Pain Clinic** (Please check one of the following)

☐ Trigger Point Injections ☐ Botox for Migraine

☐ **Oral Medicine** (Please check one of the following)

☐ TMJD/Sleep medicine ☐ Oral Mucosal Biopsy ☐ Burning Mouth ☐ Neuromodulators

☐ Orofacial Pain ☐ Oral Mucosal Lesions ☐ Motor Vehicle & Injury Claims ☐ Headache/ Migraine

☐ **Podiatry procedure** (*Fee for service*)

☐ Plantar warts treatment ☐ Ingrowing Toenail ☐ Foot Growths

☐ Nail Dystrophy ☐ Nail avulsion ☐ Plantar Fasciitis

☐ Others

☐ **Women's Health Clinic** (IUD, Pap, Endometrial Sampling – NE Clinic)

Reason for referral / General Comments:

Thank you for your referral.

Please call our office if you do not receive a confirmation of receipt of your consult request within 5 business days.

This referral form is also available for download on our website.