PRISTINE HEALTH CLINIC
Caring Healthcare Providers

NE Branch: 109 – 3223 5 Avenue 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
- ☐ Medial/Lateral Epicondylitis
- ☐ Intraarticular knee Injections
- ☐ Botox for Migraine

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

- ☐ TMJD/Sleep medicine
- ☐ Orofacial Pain
- ☐ Oral Mucosal Biopsy
- ☐ Oral Mucosal Lesions
- ☐ Burning Mouth
- ☐ Motor Vehicle & Injury Claims
- ☐ Neuromodulators
- ☐ Headache/ Migraine

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

- ☐ Plantar warts treatment
- ☐ Nail avulsion

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

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.

www.pristinehealth.ca