□**DR. COLIN ANDREWS, MD, FRCSC General Otolaryngology Head and Neck Surgeon**

□**DR. LISA BURNELL,MD, MBChB (UCT) FCORL (SA), General Otolaryngology Head and Neck Surgeon , Head & Neck Outreach Fellowship ALBERTA**



□**DR. JUSTIN PYNE MD General Otolaryngology Head and Neck Surgeon (Otolaryngology)**



**Edmonton Comprehensive Care & Family Medicine  
110, 6925 Gateway Blvd NW  
Edmonton, AB T6H 2J1  
P: 780-306-5656   F: 780-306-5757**

*FAX ONLY COMPLETED FORMS TO* ***780-306-5757****.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT INFO** | Name: | | | | | Gender: •Male •Female •Other | | | | | |
| Address: | | | | City & Province: | | | | | | Postal Code: |
| Best Contact Phone Number: | | | | | | | | | | |
| Alberta Health Care: | | | | | | | Date of Birth: | | | |
| **REFERRING PHYSICAN**  **INFO** | **Name:** | | | **Practitioner ID:** | | | | | Specialty: | | |
| Address: | | | | City & Province: | | | | | | Postal Code: |
| Phone: | Fax: | | | | | Email: | | | | |
| **FAMILY PHYSICIAN**  **INFO** | **Name:** | | | | | **Practitioner ID:** | | | | | |
| Address: | | | | City & Province: | | | | | Postal Code: | |
| Phone: | | Fax: | | | | Email: | | | | |

|  |  |  |
| --- | --- | --- |
| **REFERRAL INFORMATION** | | |
| **REASON FOR REFERRAL** | □ General Otolaryngology  □ Laryngology | □ Otology / Neurotology  □ Sleep/Snoring  □ Other: |
| **PATIENT MEDICAL HISTORY**  *If known: past medical history, surgical history, medications, allergies, family history, current medication* |  | |

REFERRING MD SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_