UNITED HEALTH CENTRES

Referral by **Fax**: **780-761-9110**
Phone Inquiry: **780-761-9111**
Address: #103, 7609 109 St, Edmonton

PATIENT INFORMATION LABEL

PATIENT INFORMATION

Last Name:		Address:	
Given Name:			
DOB:		Phone:	
Gender:		Email:	
PHN:			

INTERNAL MEDICINE / SUB- SPECIALTIES

- ❑ **General Internal Medicine**
- ❑ **Cardiology**
- ❑ **Botox/ Filler**
- ❑ **Cosmetic/ Laser**

OTHER

- ❑ **OBGY**
- ❑ **Psychiatrist**
- ❑ **General Surgeon**
- ❑ **Nephrology**

ALLIED HEALTH

- ❑ **Physiotherapy**
- ❑ **Acupuncture/ RMT Massage/TCM**
- ❑ **IV Therapy**

REASON FOR REFERRAL

REFERRAL INFORMATION

Referring Physician's name:	
Phone:	
Fax:	
Family Physician:	

PLEASE FAX THIS FORM TO 780-761-9110