□**DR. AHMED DARWISH MD FRCSI(Otolaryngology), M.Sc, M.B., Bch., LMCC GP with special interest in ENT**

□**DR. SHERIF IDRIS, MD, FRCSC (C), MMCi (Otolaryngology) -Head and Neck specialist, Fellowship in Head and Neck Surgical Oncology**

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

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_