MUSCULOSKELETAL (MSK) REFERRAL FORM

Referrals can be faxed to: 403.452.8065



Expedium Orthopaedics' expert multidisciplinary team provides patients and healthcare providers with convenient and timely access to comprehensive orthopaedic assessment and care for musculoskeletal conditions.

All assessments are covered with a valid Alberta Health Care Number. We do not accept WCB cases.

VISITING SPECIALISTS: Dr. Cory Cundal | Dr. Paul Duffy | Dr. Alex Meldrum

PATIENT INFORMATION (Patient Label also accepted)					
Name:				Gender:	
Address:				PHN:	
City:				DOB (D/M/Y):
Province:	Postal Code:			Primary Pl	າ:
Email:				Alt. Phone	:
REFERRAL INFOR	RMATION				
Region of Body	☐ Left	☐ Right	☐ Bilateral		
Lower Extremity:	□ Hip	\square Knee			
Spine:	\square Cervical	\square Thoracic	☐ Lumbar/Sa	acral	
Primary Complaint/eConsult Question: ☐ Relevant Clinical and diagnostic information attached.					
Please attach any relevant diagnostic imaging report(s) to the referral.					
Imaging is not require		. Advanced imagir	ng such as MRI,	MRA and CT	scan can be arranged by our
REFERRING PROVIDER INFORMATION (Practitioner ID Required for Referral) Date:					
Name:				Prac ID:	
Address:				Phone: _	
City:				Fax: _	
Province:		Poetal Code	.•	Fmail:	

Referrals can be faxed to: 403.452.8065