

MUSCULOSKELETAL (MSK) REFERRAL FORM

Patient 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 | Dr. Denis Joly | Dr. Andrew Dodd | Dr. Herman Johal

PATIENT INFORMATION (Patient Label also accepted)

Name: _____	Gender: _____
Address: _____	PHN: _____
City: _____	DOB (D/M/Y): _____
Province: _____ Postal Code: _____	Primary Ph: _____
Email: _____	Alt. Phone: _____

REFERRAL INFORMATION

Region of Body ☐ Left ☐ Right ☐ Bilateral
Lower Extremity: ☐ Hip ☐ Knee
Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar/Sacral

Primary Complaint/eConsult Question: ☐ Relevant Clinical and diagnostic information attached.

Please attach any relevant diagnostic imaging report(s) to the referral.

Imaging is not required for referral. Advanced imaging such as MRI, MRA and CT scan can be arranged by our team when required.

REFERRING PROVIDER INFORMATION (Practitioner ID Required for Referral) Date: _____

Name: _____	Prac ID: _____
Address: _____	Phone: _____
City: _____	Fax: _____
Province: _____ Postal Code: _____	Email: _____

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Questions: contact@expediumsurgical.ca
Phone: 403-702-6832