

SOUTHLAND SPORT MEDICINE

REFERRING PHYSICIAN

Patient Label

NAME (PLEASE PRINT): _____

PRAC ID: _____

CLINIC NAME & FAX # _____

Please note we do not see WCB, MVA or patients involved in any open litigation

AREA OF INJURY

- CONCUSSION
- NECK
- SHOULDER
- ARM
- ELBOW

- WRIST/HAND
- CHEST
- HIP
- GROIN
- LEG

- KNEE
- ANKLE/FOOT
- BACK
- OTHER: _____

REASON FOR CONSULT

IMAGING (PLEASE ATTACH ALL RELEVANT IMAGING)

- ATTACHED
- ORDERED
- NONE

PHYSICIAN SIGNATURE

OUR PHYSICIANS

- Dr. Eric Babins
- Dr. Stephanie Mullin
- Dr. Brett Hollowell
- Dr. Neesha Patel
- First Available

APPOINTMENTS AVAILABLE WITHIN 1-2 WEEKS OF REFERRAL BEING RECEIVED.

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