ALPINE
FOOT & ANKLE CLINIC

8740 Country Hills Blvd NW
Calgary, Alberta T3G 0E2
Tel: (403) 264-1901
Fax: (403) 264-1971
www.alpinefootankle.com

Referral Form

Name: _____ Male ☐ Female ☐

Address: _____

Telephone#: _____ AHC#: _____

Chief Complaint:

_____

_____

_____

Referral To:

❑ Next Available ❑ Dr. Samir Lalani ❑ Dr. Priya Anand

Consultation Request:

❑ Foot/Ankle Evaluation
❑ Surgical Consultation
❑ Diabetic Foot Evaluation
❑ Wound Care Evaluation
❑ Injury/Post-Traumatic
❑ Structural Deformity
❑ Routine Foot Care
❑ Custom Foot Orthotics

Imaging:

❑ X-Ray
❑ Ultrasound
❑ Bone Scan
❑ CT Scan
❑ MRI

Please have copy of images and/or report forwarded to our office. X-rays should be weight-bearing.

Referring Physician:

Dr: _____

Tel: _____

Signature: _____

Physician Stamp:

Please fax completed form to 403-264-1971 or e-mail to info@alpinefootankle.com.