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 ☐ Non-Binary ☐

Address: _____

Telephone#: _____ AHC#: _____ DOB: ___/___/___

Chief Complaint:

_____

_____

Referral To:

- ❑ Next Available
- ❑ Dr. Samir Lalani
- ❑ Dr. Sahar Zaidi
- ❑ Dr. Damini Patel
- ❑ Dr. Susan Turner
- ❑ Dr. Richard Morrey

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.