

**Fine Needle Aspiration Clinic
Covenant Community Health Centre Lakewood
7319 29 Avenue NW
Edmonton Alberta
T6K 2P1
Phone: 780-735-7625 Fax: 780-735-7492**

Referral Form

Patient Information:

Last Name: _____ First: _____ Initial: _____

Address: _____

Home Telephone: _____ Business Telephone: _____

Birth Date: _____ Sex: M F

PHN (AB Health Care#): _____

PLEASE FAX ALL RELEVANT RADIOLOGY REPORTS

Site for Biopsy: Thyroid Salivary Gland Neck Breast Groin
 Other (_____)

Pertinent History:

Medications:

Allergies:

Physician Name: _____ Date: _____

Phone: _____ Fax: _____

Address: _____

PRACID#: _____