Dr. Sherif Idris MD, FRCS(C) Ear, Nose and Throat Specialist

PRACID# 501252308
10848 72 Ave NW, Edmonton, Alberta T6E1A3
Telephone: 780-438-1884, Fax: 780-988-2609

Referral Form

Date:

Name:	**Home Phone:**
Date of Birth:	**Mobile Phone:**
PHN:	**Email:**
Patient Address:	

Reason for referral:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ Hearing loss patients will need an updated audiogram within the last 6 months attached to this referral form to prevent delay in triage.

☐Please attached relevant CT, MRI, Xray, Ultrasound results.

☐Language barrier patients must provide alternate contact phone numbers.

Referring Doctor's Signature:_____

Referring Doctor's Name:
PRACID#:
Referring Doctor's Address(Stamp):