

Consultation Request Form

Please complete this form then fax to 780-492-7344 for consultation requests with Dr. McGaw

Dental / Medical Office Information:

Clinic Name: _____ Referred By: _____
Address: _____ Today's Date: _____
City / Postal Code: _____ Phone Number: _____
Email Address: _____ Fax Number: _____
PracID: _____

Please Note: The PracID # is NOT the same as the "Unique Number" used for dental insurance claims. The PracID number can be retrieved by having the referring dentist phone Alberta Health Services at 780-422-1522.

Patient Information:

Last Name: _____ PCN: _____
First Name: _____ DOB: _____
Address: _____
City / Postal Code _____ Home Number: _____
Email Address: _____ Work Number: _____
Cell Number: _____

Referral Details:

Yes, Additional Page(s) have been attached

Referral Type:

- Urgent/Emergency Referral? **Fax This Referral AND also phone/email us to explain the reason and to bring this referral to Dr. McGaw's attention.**
- Radiographs Available? **Note: Do NOT send original radiographs by mail. Please give them directly to your patient to bring to the appointment.**

Preferred Location:

- Earliest Appt. Available - Patient is willing to come to either location (whichever is soonest)
- Edmonton Clinic - University Campus Location – Self Parkade is attached / LRT Access
- Southgate Clinic - N.E. corner of Southgate Centre – Walking distance to Bus / LRT Station

12.2014

Thank you for your referral. An Adobe PDF fill-in version of this form is available upon request.