



**PARSONS PARK
MEDICAL CLINIC**

Health For Life...

1087 Parsons Road SW
Edmonton, AB T6X0X2
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SPECIALIST REFERRAL FORM

Date: _____

Patient Information Label Here

General Internal Medicine

☐ DR. MUHAMMAD SALMAN SIDDIQUI

Referring Physician Name: _____

Prac ID: _____

Clinic Name: _____

HISTORY/INDICATION:

REASON FOR REFERRAL:

- ☐ DIABETES TYPE 2
- ☐ HYPERTENSION
- ☐ IRON DEFICIENCY ANEMIA
- ☐ METABOLIC SYNDROME
- ☐ NAFLD
- ☐ LIVER ENZYMES ELEVATION NYD
- ☐ ELECTROLYTES ABNORMALITIES
- ☐ ANEMIA
- ☐ THYROID
- ☐ CALCIUM/PARATHYROID
- ☐ BONE/ OSTEOPOROSIS
- ☐ OTHERS: _____

DOCTOR SIGNATURE: _____