



westgrove
clinic SPRUCE GROVE

#201-505 Queen Street, Spruce Grove AB T7X 2V2
 Phone: (780) 962-9888 Fax: (780) 960-5298

Lactation Referral Form

Referral Date: _____

Referring location:

<input type="checkbox"/> Connect Care Medical Clinic	<input type="checkbox"/> Symphony Clinic
<input type="checkbox"/> Grove Medical Clinic	<input type="checkbox"/> Tri-Wellness MD Center
<input type="checkbox"/> Amaris Medical Clinic	<input type="checkbox"/> Westland FP Clinic
<input type="checkbox"/> Meridian Medical Clinic	<input type="checkbox"/> Wabamun Medical Clinic
<input type="checkbox"/> South Park Medical Clinic	<input type="checkbox"/> Westview Health Center - ER
<input type="checkbox"/> Spruce Pro Family Clinic	<input type="checkbox"/> Other _____

Patient's Primary Physician: _____

Referring Provider (if different from primary physician): _____

Lactating Parent Information

Last Name: _____ First Name: _____

DOB: _____ PHN: _____

Primary Phone: _____

Infant Information

Last Name: _____ First Name: _____

DOB: _____ PHN: _____

Reason for referral and additional information from referring healthcare provider:

Thank you for your referral!

FAX COMPLETED FORM TO 780-960-5298