

VIBE MEDICAL

SPECIALISTS

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Edmonton, AB T5H 0P9
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F: (780) 496-1387

Patient Information Label Here

ENDOCRINOLOGY

Date: _____

Referring Physician Name: _____

Prac ID: _____

DR. ALBERT VU

HISTORY/INDICATION:

REASON FOR REFERRAL:

- DIABETES TYPE 1
- DIABETES TYPE 2
- ADRENAL
- THYROID
- PITUITARY
- CALCIUM/PARATHYROID
- BONE/OSTEOPOROSIS
- REPRODUCTIVE FEMALE
- REPRODUCTIVE MALE
- OTHER

MD SIGNATURE: _____