



**PRAIRIE  
PELVIC  
HEALTH**

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#100-415 Wellman Crescent  
(Cornerstone Medical Clinic)  
Saskatoon, SK S7T 0J1

## REFERRAL FORM - Please fax to 306-975-1221

**Name:**

**Date of birth:**

**Address:**

**City:**

**Postal Code:**

**Home phone:**

**Cell phone:**

**Email:**

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**Reason for referral:**

**Please attach any relevant notes and/or test results:**

**Referring physician:**

**Signature:**