



Southern Alberta Diabetes & Endocrinology (SADE)

Seton Professional Centre (West Tower)
Unit #101 - 3815 Front St SE, Calgary, AB T3M 2J6
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Email: sadecalgary@gmail.com

PATIENT INFORMATION

Last Name: _____ First Name: _____
DOB: _____ PHN/ULI: _____
Phone: _____
Address: _____
City: _____ Postal Code: _____

PRIORITY

Urgent (<=2 weeks) _____ Routine _____

Reason: _____

REASON FOR REFERRAL

Diabetes	Obesity	Thyroid
Adrenal	Pituitary	Calcium/PTH
Osteoporosis	Lipids	PCOS
Testosterone	Other	

CLINICAL INFORMATION

REFERRING PROVIDER

Name: _____ Clinic: _____
Phone: _____ Fax: _____
Prac ID #: _____ Date: _____

Please attach relevant labs/imaging. We will contact the patient directly to book appointment