



THE LINDEN

The Linden Medical Centre
200 – 149 Pacific Ave, **Saskatoon**, SK S7K 1N8
P: 306-700-5160 | F: 306-700-5161
office@lindenhealth.ca

The Linden Medical Centre
241- 1288 Central Ave, **Prince Albert**, SK S6V 4V8
P: 306-700-5160 | F: 306-700-5161
office@lindenhealth.ca

The Linden Health Centre
702 – 11010 101 St NW, **Edmonton** AB T5H 4B9
P: 825-601-5014 | F: 833-664-7276
info@lindenhealth.ca

Referral Form

Patient Information:

First Name: _____ Last Name: _____

DOB: _____ PHN: _____ Phone: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Physician Information:

Referring Physician: _____ Phone: _____

Family Doctor: _____ Outpatient Psychiatrist (If Applicable): _____

Referring for:

Saskatoon

rTMS

IV treatments

Prince Albert

rTMS

Edmonton

rTMS

IV treatments

Reason for referral:

Please acknowledge the following:

The patient has been informed that there is a cost for IV treatments in all locations, and for rTMS in Edmonton. Current pricing can be obtained by visiting thelinden.ca or by contacting our office.

Per: _____ Date of referral: _____