



# 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

General Psychiatry

### 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](http://thelinden.ca) or by contacting our office.

Per: \_\_\_\_\_ Date of referral: \_\_\_\_\_