



#306-1777 56th Street
Delta, BC V4L 0A6
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Physician Referral Form

Initial Assessment for Acupuncture and/or Trigger Point Injection Therapy

Contraindications for Trigger Point Injections are: Pregnancy / Anti-coagulated / Immunocompromised and patients with bleeding disorders

Patient Information

Surname: _____ First Name: _____
DOB: _____ PHN: _____
Home Phone: _____ Cell Phone: _____
Address: _____ City/Province _____ Postal: _____

Reason for Referral

*(*please enclose history and investigations if possible*)*

Clinical/infection precautions? NO YES: _____

Physician Signature: _____ MSP# _____

Physician Name (Printed): _____ Date: _____

Fax# _____

Submit referral code 03333 to **Dr. Carmen Eadie MD, RAc MSP# 02087**

Fax to VIP THERAPY 604-943-0021 c/o Dr. Carmen Eadie