Dr. Sam Azer, OBGYN
Links Medical Clinic
FAX 780-452-6767
PHONE 780-454-0351
Mira Health Center, #109
11910 111 Avenue NW
Edmonton, Alberta, T5G 0E5

Diagnostic Referral Form

ENDOSURE TIER-1 diagnostic test for endometriosis

Fax Referral To: 1-780-429-0372

PRIMARY REASON FOR REFERRAL

- ☐ Dysmenorrhea / Painful Periods
- ☐ Dysuria / painful urination
- ☐ Infertility/Miscarriage
- ☐ IBS / GI / Bloating
- ☐ Chronic pelvic pain
- ☐ Dyschezia / painful defecation
- ☐ Dyspareunia / painful intercourse
- ☐ Other
- ☐ Menorrhagia / Heavy Menstruation
- ☐ Fatigue
- ☐ Anxiety / Depression _____

ENDOSURE Testing is not currently covered by provincial healthcare. It may be covered by other medical insurance benefits.

PATIENT INFORMATION (affix label or complete)

First Name	Last Name	PHN

Phone	Email Address (Optional)

Additional Notes (Optional)

REFERRING PROVIDER INFORMATION (affix label or complete)

Provider Name	Or affix stamp/label here
Billing#	
Signature	
Date	

Download Form PDF at endodiagnosis.com/endosure-endometriosis-testing-edmonton-ab