



5008-40 St Lloydminster, AB T9V 3P4
Phone: 780-872-5200
Fax: 780-872-5025

Date: _____

Patients Name: _____

Diagnosis: _____

Referral For Treatment of Disc @: (may select more than one in same category depending on severity)

Lumbar: ___ L1-L2 ___ L2-L3 ___ L3-L4 ___ L4-L5 ___ L5-S1

Cervical: ___ C1-C2 ___ C2-C3 ___ C3-C4 ___ C4-C5 ___ C5-C6 ___ C6-C7 ___ C7-T1

Signature: _____

