First Choice Medical Centre
1101, 314 1st Street E.
Cochrane, AB T4C 1Z2
Ph: (587) 493-1163
Fx: (587) 493-1168

Emsella® Referral Form

Non-Invasive Pelvic Floor Treatment

Patient Information/Patient Label:

First Name: _____
Last Name: _____
PHN: _____ Gender: _____
DOB (MM/DD/YYYY): _____/_____/_____
Phone: _____
Email: _____
Address: _____
_____

Referring Physician/Clinic Information:

Referring Physician: _____
Clinic Name: _____
Office Phone: _____
Office Fax: _____
PRAC ID: _____
Signature:

_____

Reason for Referral: (Check all that apply)

- ☐ Incontinence
- ☐ Erectile Dysfunction
- ☐ Pelvic Floor Prolapse
- ☐ Post-Prostate Procedure
- ☐ Genitourinary Syndrome of Menopause (GSM)
- ☐ Benign Prostatic Hypertrophy

Please note that this service is **NOT** covered by Alberta Health Services. The fees will be discussed during the consultation appointment. Financing is available through Beautifi. Visit https://1stchoicemedical.ca/beautifi to learn more.

Physician Comments/Medical History:

_____

_____

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_____

Please fax referrals to (587) 493-1168