



401, 11611-107 Ave NW
Edmonton, AB T5H 0P9
T: 780-496-1390
F: 780-496-1387

Patient Information Label Here

Date _____
Referring Physician _____
PRACID _____

RHEUMATOLOGY

- DR. OMID ZAHEDI NIAKI
-
-
-
-

History/Indication:

[Empty box for History/Indication]

MD Signature _____