Electrical Industry Insurance Benefit Trust Fund of Alberta
#200, 4224 – 93 Street, Edmonton, Alberta T6E 5P5
Phone: (780) 465-2882 Toll Free 1-800-268-3649
Facsimile: (780) 465-0808
e-mail: claims@ebfa.ca

Physician's Medical Referral

PLAN MEMBER'S INFORMATION

Last Name, First Name: EBFA Stakeholder Number:

Address: City: Province: Postal Code: Area Code and Telephone Number:

PATIENT'S INFORMATION

Last Name, First Name: Date of Birth: Relationship to Plan Member:

TYPE OF REFERRAL

Please check one of the following:

I am referring the above-named patient to obtain the services of a:

☐ Podiatrist ☐ Chiropodist ☐ Physiotherapist ☐ Massage Therapist ☐ Chiropractor

☐ Acupuncturist ☐ Naturopath ☐ Psychologist ☐ Osteopath ☐ Christian Science Practitioner

PHYSICIAN'S INFORMATION / SIGNATURE

Please print clearly:

Physician's Last Name, First Name and Initial: Specialty:

Address: Postal Code: Area Code and Telephone Number:

Comments:

Date: Signature: