



DR. MARIA CHUQUER

MD FRCP

☎ (236)900-3111
📍 706 9 St SW Calgary, AB
FAX: (403)775-4154



RE: Introduction of Dr. Maria Chuquer's Migraine Clinic and Referral Announcement

I hope this fax finds you in good health and high spirits.

Dr. Maria Chuquer, a renowned expert in the field of Anesthesiology and Pain Management, has recently opened her own clinic dedicated to providing comprehensive care for patients suffering from migraines. With her extensive experience and expertise, Dr. Chuquer aims to make a significant impact in the lives of individuals afflicted by this debilitating condition.

Dr. Chuquer's approach to migraine care combines evidence-based medicine with personalized treatment plans encompassing various aspects of migraine management, including lifestyle modifications, medication optimization, and psychological support.

To facilitate seamless referrals and collaboration, I am pleased to announce that Dr. Chuquer is now accepting referrals through fax. As a respected colleague, we invite you to consider referring any patients who may benefit from her expertise and specialized care. Kindly complete the attached referral form and fax it to (403)775-4154, and our clinic staff will promptly process the referral and reach out to the patient to schedule an appointment.

Should you require any additional information or have any questions regarding Dr. Chuquer's clinic or the referral process, please do not hesitate to contact our clinic coordinator, Amanda Butala, at (236)900-3111 or via email at info@sculptd.ca.

Thank you for your attention, and we sincerely appreciate your support in helping us provide exceptional care to individuals struggling with migraines.

Yours sincerely,

Dr. Maria Chuquer, MD FRCP





Referral Form

Patient Information:

Full Name: _____

Date of Birth: _____

PHN: _____

Contact Number: _____

Email Address: _____

Referring Provider Information:

Full Name: _____

Specialty: _____

Organization: _____

Contact Number: _____

Email Address: _____

Reason for Referral:

Please fax this completed form to (403)775-4154.

Our clinic coordinator will promptly process the referral and contact the patient to schedule an appointment. Should you require any additional information or have any questions, please do not hesitate to contact us.

Thank you for your collaboration.

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