



Fidalgo Island Walk-In Clinic

Patient Referral Form

Name: _____ Date: _____

How did you find out about our program? *(Please check all that apply.)*

- Clam Digger Ad
- Flyer in mail
- Anacortes American
- Word of mouth
- Provider referral: *(please list)* _____
- Saw sign out front
- Other: _____

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