



# Fracture/Plastic Surgery Clinic Referral Form

*Patient Referral Form*

**Telephone:** 905-883-1212 Ext. 7257      **Fax:** 905-883-0772

The Fracture and Plastics Clinic provides consultation. Upon receipt of your completed referral, our team will review and determine how to best serve your patient. Once the referral has been triaged, the Patient scheduling office will contact the patient directly to schedule the appointment.

**We are not able to accept referrals for assessments/treatment where concerns are related to the following:**

- Chronic Joint Pain
- Acute Pain
- Back / Neck Pain
- Pain with no Radiographic Evidence of Injury
- Acute Operative Treatment
- Foreign Bodies Involving Bones
- Lesions
- Trigger Fingers
- Arthritis
- Carpal Tunnel Syndrome
- Lumps
- Bumps
- Ganglions
- Skin Tags

<b>Patient Information</b>		
Last Name:		First Name:
Address:		
City:	Province:	Postal Code:
Home Number:	Business Number:	Other:
Email Address:	Date of Birth:	dd/mm/yyyy
Health Card Number:		Version Code:
Emergency Contact:	Relationship:	Contact Number:
<b>Referring Physician Information</b>		
Referring Physician:		Referring Billing Number:
Address:		
City:	Province:	Postal Code:
Office Number:	Fax Number:	
<b>Reason for Referral:</b>		
<b>Please include the following information:</b>		
Medical Notes:		Portal Access Code:
Diagnostic / Lab Reports:		
Diagnostic Images: If not available, please inform patient to bring a CD of images to their appointment or they will not be seen.		
<b>INCOMPLETE REFERRALS WILL NOT BE ACCEPTED</b>		

