



Urgent Cases - Call The Staff Surgeon
 CLICK FOR LIST OF PHONE NUMBERS OR CHECK ON NEXT PAGE



Please Print Clearly in the Boxes Provided in Black Ink - Thank You

REFERRING PHYSICIAN'S INFORMATION / AFFIX LABEL		CHOOSE A SURGEON <i>FROM THE DROP DOWN LIST</i>	
FIRST NAME			
LAST NAME		ARTHROPLASTY HIPS AND KNEES <small>CHOOSE NEXT AVAILABLE SURGEON FOR THE SHORTEST WAIT TIMES, ARTHROPLASTY ONLY</small>	
CPSNS #			
PHONE		SPINE	
FAX			
DATE FAXED <small>(YYYY-MM-DD)</small>		TUMOUR	
PATIENT'S INFORMATION			
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Middle Initial 	
FIRST NAME			
LAST NAME			
DATE OF BIRTH <small>(YYYY-MM-DD)</small>			
HEALTH CARD #			
HOME PHONE #			
ADDRESS			
ADDRESS 2			
CITY			
PROVINCE			
POSTAL CODE			
WORK PHONE #			
DIAGNOSIS / SYMPTOMS -- MORE DATA EXPEDITES THE REFERRAL			
PLEASE PROVIDE CLINICAL DETAILS IN ATTACHED LETTER WITH SUMMARY BELOW			

X-RAY / CT / MRI / BONE SCAN

X-RAY
 CT
 MRI
 BONE SCAN

**CURRENT DIAGNOSTIC IMAGING IS MANDATORY
FOR REFERRAL TO BE PROCESSED**

Attach report to expedite the referral

PATIENT TYPE

HCN PROV EXP

[REGIMENTAL # FOR MILITARY OR RCMP]

Illness / injury related to an accident of any type? YES NO

If YES, is it work related, [WCB]? YES NO

Illness / injury related to a pensionable condition [DVA]? YES NO