



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 FROM THE DROP DOWN LIST
FIRST NAME		ARTHROPLASTY HIPS AND KNEES CHOOSE <i>NEXT AVAILABLE SURGEON</i> FOR THE SHORTEST WAIT TIMES, ARTHROPLASTY ONLY
LAST NAME		
CPSNS #		
PHONE		
FAX		
DATE FAXED (YYYY-MM-DD)		
PATIENT'S INFORMATION		TUMOUR
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE Middle Initial <input type="text"/>	TRAUMA
FIRST NAME		GENERAL
LAST NAME		SPORTS
DATE OF BIRTH (YYYY-MM-DD)		LOWER EXTREMITY <i>FOOT AND ANKLE</i>
HEALTH CARD #		UPPER EXTREMITY <i>SHOULDER, ELBOW, WRIST AND HAND</i>
HOME PHONE #		DARTMOUTH GENERAL HOSPITAL
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

[REGIMENTAL # FOR MILITARY OR RCMP]

PROV EXP -

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