

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION



Fracture Clinic Referral (External)

Please Fax To: **905-472-7544**

Telephone: **905-472-7070**

Surgeons: Dr. S. Haider Dr. D. Santone Dr. C. Smith
Dr. K. Koo Dr. H. Shirali Dr. E. Watts
Dr. S. McMahon

Hospital MRN #:	_____
Patient Name:	_____
Date of Birth:	_____ Sex: F M
Health Card #	_____ Version Code: _____
<input type="checkbox"/> WSIB Claim #:	_____ <input type="checkbox"/> Non OHIP, Self-pay or Refugee
Telephone # (Best Daytime):	_____
Alternate #:	_____

Date	Referring MD	Signature	Telephone
CPSO #	Billing #	Address	Fax
Additional Reports to:			
Preferred Language	Name & number of for interpreter to help schedule appointment, if available		

Clinical Information and Reason for Referral: **Emergent - Call Orthopaedic Surgeon on Call**

Diagnosis:

Date of Injury: _____

Site / Side of Injury: _____

- Fracture Care Acute Musculoskeletal injury Recent Sports Injury
- Paediatric Patient Other (Specify): _____

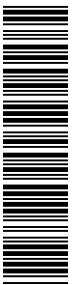
Completed Tests / Procedures: X-ray MRI CT LAB Others: _____

Patient Wearing Cast Splint Sling Dressing

FOR FRACTURE CLINIC USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> ASAP
Next Available Fracture Clinic Spot
(Irrespective of On-Call MD) | <input type="checkbox"/> Urgent
Acute fracture care within
3 business days for On-Call MD |
| <input type="checkbox"/> Routine
Acute Fracture Care within 10
business days for On-Call MD | <input type="checkbox"/> Non Urgent
Within 10-15 business
days for On-Call MD |

Triaging Physician or designate: _____



Criteria for Fracture Clinic

Please note that the fracture clinic is accessed for patients with ACUTE conditions only.

The Fracture Clinic assesses and treats patients with:

- Acute Fractures
 - Lower extremity fractures
 - Upper extremity fractures
 - Pelvic & Spinal fractures
- Acute soft tissue Injuries of the MSK system less than 8 weeks old WITH history of trauma:
 - Ligaments injuries requiring splinting
 - Tendon injuries (excluding hand/ forearm tendons)
 - Traumatic joint effusions
 - Muscle tears & intramuscular hematomas
- Post operative complications as an outcome of surgery at Markham Stouffville Hospital (Alternatively, refer to Surgical Wellness Clinic 905-472-7627 ext.3)
- Recurring problems related to the original diagnosis, within 6 months of discharge from the fracture clinic.
- Gangrene of the foot/ toe requiring amputation

The following diagnoses are EXCLUDED from admission to the Fracture Clinic:

- Rib/Sternal fractures
- Minor joint sprains
- Soft tissue injuries of the MSK system greater than 8 weeks old
- Chronic musculoskeletal conditions or exacerbation thereof
- Back pain, including disc herniation
- Tendonitis
- Musculoskeletal pain management or cortisone therapy (*Refer to ortho office of choice)
- Soft tissue/bursal infections (*Refer to internal medicine/Infectious Disease)
- Possible septic joint (*Refer to ER)
- Hand fractures distal to carpus (*Refer to Plastics Clinic)

Markham Stouffville Hospital, 381 Church Street, Markham ON L3P 7P3