

NOTE: Incomplete and / or unsigned requisitions will be returned



Request for Consultation Uxbridge Hospital Outpatient Clinics

Phone: **905-852-9771 ext. 5238**

Please Fax To: **905-862-2005**

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION

Patient Name: _____
Last First
 Date of Birth: _____ Sex: F M
Day Month Year
 Health Card # _____ Version Code: _____
 WSIB # _____ Non OHIP (Self-pay) or Refugee
 Address: _____ Postal Code: _____
 Telephone # (Best Daytime): _____
 Alternate #: _____
 Family Physician: _____

**Referral will be faxed back to the referring physician's office with appointment unless otherwise indicated.
If not contacted within 2 business days, please call the clinic.**

Date	Referring MD	Signature	
CPSO #	Billing #	Telephone	Fax
Address		City	Postal Code
Additional Reports to:			
Preferred Language	Name & number of interpreter to help schedule appointment, if available Please bring interpreter to the appointment if required.		
Allergy <input type="checkbox"/> Dr. T. Batool	Ortho (Non-Fracture) <input type="checkbox"/> Dr. S. Haider <input type="checkbox"/> Dr. H. Shirali <input type="checkbox"/> Dr. E. Watts <input type="checkbox"/> Next Available	Respirology <input type="checkbox"/> COPD Education (RRT) <input type="checkbox"/> Asthma Education (RRT) <input type="checkbox"/> COPD (OTN - Dr. M. Radina)	General Surgery <input type="checkbox"/> Dr. T. Cheang <input type="checkbox"/> Dr. A. Ing <input type="checkbox"/> Dr. C. Pallister <input type="checkbox"/> Dr. A. Vivona <input type="checkbox"/> Dr. P. Whelan <input type="checkbox"/> Next Available
Urology <input type="checkbox"/> Dr. A. Boudakian			
Reason for Consult: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine			
Attach to the referral:			
✓ Recent diagnostics (mammogram, US, MRI, pathology, etc.) if not done at Markham Stouffville Hospital or Uxbridge Hospital			
✓ Past Medical History and Medication			



Uxbridge Clinic Use Only

Appointment Date: _____ Time: _____ Physician: _____