

112 King St. W

Dundas, ON L9H 1V2

(P) 289.682.7282

(F) 888-303-0286

**Sports Medicine & Orthopedic Surgery Referral**

**Patient Name:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:**

**Health Card No:**

**Phone:**

**Address:**

**Sports Medicine:**

☐ **Dr. Balal Lone** MD, CFPC, Dip. Sport Med

**Reason for Referral:**

☐ Concussion (Non MVA/WSIB)

☐ Sports Injury/Osteoarthritis/Musculoskeletal/Ultrasound Guided Procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Orthopedic Surgery:**

**Dr. Moin Khan - Dr. Vickas Khanna - Dr. Bashar Alolabi- Dr. James Yan**

☐  **Reason for referral**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All referrals need imaging to be completed in order to be accepted.**

**Imaging Results:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any pending investigations that need to be followed up?**

**Urgency:** ☐ <72 hours \* recommended for concussion ☐ 7-14 days ☐ > 14 days

# Referring Physician: OHIP Number:

**Referring Phys. Fax #: Date:**

**Signature:**

**FAX TO: 1-888-303-0286**