North York General Hospital
Including the IODE Children's Centre
Embracing Health

Gulshan & Pyarali G. Nanji Orthopaedic and Plastics Centre
Booking: 416 756-6970 Fax: 416-756-6502

COMMUNITY PHYSICIAN REFERRAL FORM
Use ONLY for Minor Fracture Clinic and Splinting / Casting

Name: ____ **Mr/Mrs/Miss/Ms**
LAST FIRST
Address: ____

Contact Number: ( ) __________ **HCN #:** __________ **VC** ____ **DOB:** __________
YYYY / MM / DD

Referring MD: ______________________ **Billing #** ______________
PRINT
Telephone # ______________________ **Fax: #** ______________

Minor Fracture Clinic (Dr. A. Sayal)

Minor Fracture Clinic patients are seen in approximately one week (by appointment)

Diagnosis:

- Undisplaced Distal Radius
- Clinical Scaphoid (normal x-rays)
- Isolated Lateral Malleolus
- Base of the 5th Metatarsal
- Undisplaced Metatarsal

Please contact clinic to speak with the In-charge Technologist if splinting / casting is required in addition to seeing Dr. Sayal.

Identify splinting / casting needs ➪➪➪➪➪➪➪➪➪➪➪➪➪

For appointment, fax this referral form to the clinic.

Orthopaedic Technologist

The clinic will advise patient what time to come in.

The In-Charge Technologist is available by pager during regular clinic hours: M-F 8am-3pm.

Splinting/Casting

Wrist Splint ☐ Slab ☐ Cast ☐ Velcro
Thumb Spica ☐ Slab ☐ Cast ☐ Velcro
Metacarpal ☐ Slab ☐ Cast ☐ Velcro
Air-stirrup Ankle Brace
Low Profile Air Foam Walker
Non-weight Bearing Posterior Slab + Crutches
Below Knee Walking Cast
Other ______________________

Family Doctor to provide follow-up care.

Diagnosis / History:

Signature

Please advise patients:

- *The **clinic will call your patient** with the appointment time
- Patients should bring their **x-rays** and **health card**
- The clinic is located on the first floor of NYGH-Leslie Site
- Charges apply for non-plaster products

Orthopaedic and Plastics Clinic Use

DATE: __________ **TIME:** __________ **COMMENTS:** __________