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

Gulshan & Pyarali G. Nanji Orthopaedic and Plastic 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. **Pager: 416-715-6238**

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 Plastic Clinic Use

DATE: _____ **TIME:** _____ **COMMENTS:** _____