

**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:LAST Address:	VC DOB:
□ Request to be seen by an Orthopaedic   Technologist (M-F 8am-3pm. (except on holidays)   Call In Charge (416-756-6970) AND Fax Referral -416-756-6502   Patient requires 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 □ Scaphoid Cast □ Other	<ul> <li>□ Consult requested at Minor Fracture Clinic with Dr. A. Sayal - Patients will be seen in approximately one week Fax Referral: 416-756 - 6502</li> <li>Diagnosis - please select one:</li> <li>□ Undisplaced Distal Radius Fracture</li> <li>□ Clinical Scaphoid Fracture (normal x-rays)</li> <li>□ Isolated Lateral Malleolus Fracture</li> <li>□ Base of the 5th Metatarsal Fracture</li> <li>□ Undisplaced Metatarsal Fracture</li> </ul>
Follow up Care Family Doctor Minor Fracture Clinic  Diagnosis / History:	

## Referring Physician's Signature:

## Please advise patients:

- Please do not send in your patient without an appointment. The **clinic will call your patient directly** regarding their appointment time.
- Patients should bring their x-rays and health card
- The clinic is located on the first floor of the West lobby of NYGH-Leslie Site
- Charges apply for non-plaster products

Orthopaedic and Plastics Clinic Use		
DATE:	TIME:	COMMENTS: