NORTH YORK GENERAL

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

DIRECT ACCESS COMMUNITY PHYSICIAN REFERRAL FORM
Use *ONLY* for Acute Orthopaedic Injury Follow-up

Name: _____ **Mr/Mrs/Miss/Ms**
LAST FIRST (SPECIFY)

Address: _____

Contact Number: ( ) _____ **HC #** _____**VC** _____ **DOB:** _____
YYYY /MM /DD

Referring MD: _____ **Billing #** _____
PRINT

Telephone # _____ **Fax #** _____

Please note:

- **this clinic is for ACUTE orthopaedic injuries only**
- **plastics consultation is not available**
- **please inform patients to bring Imaging films & CD's to the appointment**
- **All referrals are triaged by clinic staff and are booked accordingly with the most appropriate practitioner**

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 and will fax back to yoru office confirmation on the appointment time.
- Patients should bring their **health card, imaging films & CD's** to their appointments
- 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 Only

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