



Urgent Access Clinic 3 – Plastics Referral

PATIENT INFORMATION LABEL HERE

Patient Name:		PHN:
DISCUSSED WITH PLASTIC SURGEON: Dr. _____ **Referral will be accepted after ERP discusses a consult with the Plastic Surgeon**		
Date and Time Notified:	Referring Physician or ERP:	MSP number
Provisional Diagnosis:		Side of Injury: <input type="checkbox"/> Right <input type="checkbox"/> Left
Reason for Referral:		

Plastic Surgeon:	<input type="checkbox"/> Dr. R. Chandler	250-595-6009
	<input type="checkbox"/> Dr. H. Cheng	250-592-5510
	<input type="checkbox"/> Dr. S. Djurickovic	250-592-5510
	<input type="checkbox"/> Dr. M. Evans	250-595-6009
	<input type="checkbox"/> Dr. R. Morley	250-592-5510
	<input type="checkbox"/> Dr. A. Murphy	778-440-5055
	<input type="checkbox"/> Dr. J. Robinson	250-590-7097
	<input type="checkbox"/> Dr. C. Taylor	250-595-6009
	<input type="checkbox"/> Dr. J. Zabojoja	250-940-5055

Date and Time of Appointment*:

Location of Appointment:
Clinic 3, Level One, Diagnostic & Treatment Centre
 Royal Jubilee Hospital
 1952 Bay St.
 Tel: 250-370-8619

FOR APPOINTMENT CANCELLATIONS PLEASE CALL THE DOCTOR'S OFFICE
*The information contained in this facsimile is intended only for the use of the individual or entity named above.
 If you have received this communication in error, please notify us by telephone and return the original to us at the above address via regular mail*

ROUTING

Please Fax original completed form to: 250-370-8476
 Hours: Mon 1300-1700/Thurs 0800-1200
Give copy to patient

