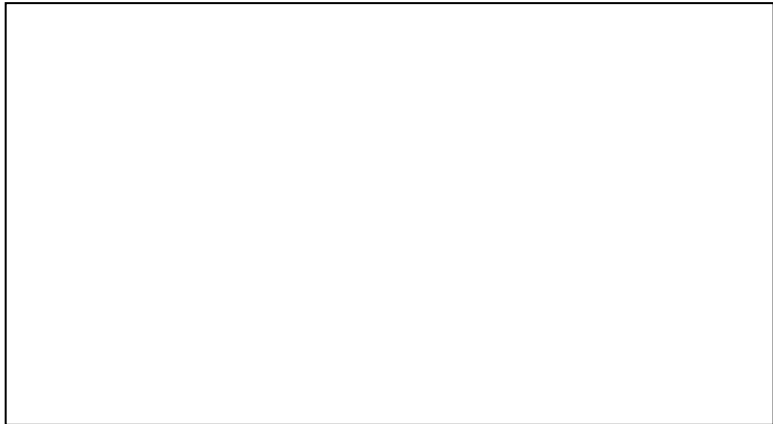




**URGENT ACCESS CLINIC 3 – PLASTICS
REFERRAL FORM**

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



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: _____

REASON FOR REFERRAL: _____

- | | | |
|------------------|------------------------|-----------------------------|
| PLASTIC SURGEON: | ___ Dr. H. Cheng | 250-592-5510 |
| | ___ Dr. S. Djurickovic | 250-592-5510 |
| | ___ Dr. M. Evans | 250-595-6009 |
| | ___ Dr. J. Gray | 250-592-8668 |
| | ___ Dr. E. Krauss | 250-940-4444 Extension 5005 |
| | ___ Dr. R. Morley | 250-592-5510 |
| | ___ Dr. J. Robinson | 250-590-7097 |
| | ___ Dr. C. Taylor | 250-595-6009 |
| | ___ Dr. J. Zabojava | 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*

