

DATE:

PATIENT INFORMATION: (affix label or complete) Name: PHN: DOB: Cell: Email: WCB CLAIM? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____	REFERRING PHYSICIAN: (affix label or complete) Name: MSP: Address: Phone: Fax:
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(Cell phone and email's are mandatory, as the patient will be sent a patient questionnaire to be filled out prior to their appointment)

REASON FOR VISIT:
 Hip Knee Foot/Ankle Shoulder/Elbow/Wrist Hand/Fingers
 Other: _____

ACUTE INJURY REFERRALS:
 Patients that require assessments urgently (e.g. fracture or infection) are considered URGENT REFERRALS and should be faxed to our **Fraser Orthopaedic Treatment Clinic at 1.866.275.6106**

DIAGNOSIS AND TREATMENT TO DATE: Letter Attached

CURRENT MEDICATIONS: Attached **ALLERGIES:** Attached

ALL PATIENT'S REQUIRES MEDICAL IMAGING FOR TRIAGE
 Have x-rays of the affected area been obtained? Yes, reports attached No

ELECTIVE MUSCULOSKELETAL REFRRAL & WORKSAFEBC SPORTS MEDICINE ASSESSMENT
 Dr. Deneen Baron (Shoulder & Knee, WorkSafeBC Assessment)
 Dr. Stephanie Anderson (Foot/Ankle)
 Dr. Sara Forsyth
 First Available Physician
Fax referrals to 1-866-275-6106 Phone: 604-549-4102 ext.# 1

ORTHOPAEDIC SURGEON
 Dr. Kelly Apostle (Foot & Ankle) / **Fax referral to 778-312-0134**
 Dr. Dory Boyer (Lower Extremity Sports Injuries) / **Fax referral to 1-877-679-1960**
 Dr. Farhad Moola (Shoulder, Elbow, Wrist and Hand) / **Fax referral to 1-866-883-1615**
 Dr. Bertrand Perey (Elbow, Wrist and Hand) / **Fax referral to 604-525-2628**
 Dr. Trevor Stone (Pelvis, Hip and Knee) / **Fax referral to 778-312-0118**
 Dr. Darius Viskontas (Pelvis, Hip and Knee) / **Fax referral to 604-777-5644**

Upon review, receipt of referral will be confirmed via fax to referring physician's office. Our MSK office or surgeon's office will contact patients or referring physician's office by either phone or fax once a scheduled appointment date has been made. Please refrain your patients from calling the offices inquiring about their referrals and wait times.