

# Fraser Orthopaedic Institute

## Community Physician Referral Form

403-233 Nelson's Crescent New Westminster BC V3L 0E4



FRASER  
ORTHOPAEDIC  
INSTITUTE

<b>PATIENT INFORMATION: (affix label or complete)</b> Name: DOB: PHN: PRIMARY PHONE: FULL ADDRESS:  EMAIL: _____	<b>REFERRING PHYSICIAN &amp; BILLING NUMBER:</b>
WCB CLAIM? <input type="checkbox"/> Yes <input type="checkbox"/> No #	DATE OF REFERRAL:

**(emails are mandatory, as the patient will be sent a patient questionnaire to be filled out prior to their appointment)**

<b>REASON FOR CONSULTATION:</b> <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Foot/Ankle <input type="checkbox"/> Shoulder/Elbow/Wrist <input type="checkbox"/> Hand/Fingers Other: _____
<b>DIAGNOSIS AND TREATMENT TO DATE:</b>
<b>REFERRAL LETTER: <input type="checkbox"/> Attached</b>

**\*\*\*\*All referrals require medical imaging reports to be attached for appointment prioritization.**

### ORTHOPAEDIC SURGEONS

- Dr. Kelly Apostle (Foot & Ankle) | Fax referral to 778-312-0134 | [info-apostle@fraserortho.com](mailto:info-apostle@fraserortho.com)
- Dr. Dory Boyer (Lower Extremity Sports Injuries) | Fax referral to 1-877-679-1960 | [info-boyer@fraserortho.com](mailto:info-boyer@fraserortho.com)
- Dr. David Cinats (Hand & Wrist, Nerve & Soft Tissue) | Fax referral to 1.888.454.7811 | [info-cinats@fraserortho.com](mailto:info-cinats@fraserortho.com)
- Dr. Parth Lodhia (Hip & Knee Sports Injuries) | Fax referral to 1.855.753.0102 | [info-lodhia@fraserortho.com](mailto:info-lodhia@fraserortho.com)
- Dr. Farhad Moola (Shoulder, Elbow & Wrist) | Fax referral to 1-866-883-1615 | [info-moola@fraserortho.com](mailto:info-moola@fraserortho.com)
- Dr. Bertrand Perey (Elbow, Wrist and Hand) | Fax referral to 604-525-2628 | [info-perey@fraserortho.com](mailto:info-perey@fraserortho.com)
- Dr. Trevor Stone (Pelvis, Hip and Knee) | Fax referral to 778-312-0118 | [moa.dr.stone@gmail.com](mailto:moa.dr.stone@gmail.com)
- Dr. Darius Viskontas (Pelvis, Hip and Knee) | Fax referral to 604-777-5644 | [info-viskontas@fraserortho.com](mailto:info-viskontas@fraserortho.com)

*Upon review, receipt of referral will be confirmed via fax to referring physician's office.  
Please your patients refrain from calling the offices inquiring about their referrals and wait times.*