ACTIVE MEDICINE TORONTO

Referral Request

Referral Date:	

135 Yorkville Avenue, 2nd Floor, Toronto, Ontario, M5R 3N5
Tel: (437) 781-0611 **Email:** frontdesk@activemedicinetoronto.com
Fax: (437) 781-0586

PATIENT INFORMATION:

Name:	**DOB:**
Health Card #:	**Version Code:**
Tel:	**Email:**

REASON FOR REFERRAL: (enter brief description)

SERVICE(S) REQUESTED:

Orthopaedic/General Surgery Consultation

☐ 1st available ☐ Dr. John Theodoropoulos ☐ Dr. Justin Chang
☐ Dr. Isaac Ryan Perlus ☐ Dr. Oren Zarnett ☐ Dr. James Villamere

Sports Medicine Consultation

☐ 1st available ☐ Dr. Fahim Merali ☐ Dr. Nathaniel Ibey
☐ Dr. Rosamond Lougheed-Simpson

Joint Injections

☐ Corticosteroid ☐ Hyaluronic Acid ☐ PRP/Biologics

Allied Health

☐ Physiotherapy ☐ Athletic Therapy ☐ Chiropractic Care/Soft Tissue

Diagnostic

☐ Biodex ☐ DEXA Body Composition ☐ Gait Analysis

Bracing

☐ Custom Knee Brace ☐ Fitted Brace (joint, ligament or osteoarthritic injuries)
☐ Compression Sleeves/Stockings

REFERRING PHYSICIAN INFORMATION:

Name:	**MOH Billing #:**
Tel:	**Fax:**
Address:	**Speciality:**

REFERRAL DOCUMENTATION INCLUDED:

X-Ray with Report REQUIRED for Orthopaedic Surgery Consultation
MRI with Report REQUIRED for General Surgery Consultation
X-Ray with Report PREFERRED for Sports Medicine Consultation

☐ Referral Letter ☐ Recent Consult Note (re: event/patient history)
☐ Xray ☐ MRI ☐ U/S ☐ CT Scan

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REFERRING PHYSICIAN SIGNATURE **DATE**