# Ancaster Joint Clinic™

81 Wilson Street West, Suite 303 ~ Ancaster ON L9G 1N1

Phone: **289-239-8537** ~ Fax: **1-866-920-2702**

E-mail: injectionsclinic@gmail.com Web: ancasterjointclinic.com

## REFERRAL FOR ASSESSMENT *

**Patient ID (affix label):**
DOB:
ADDRESS, PHONE:
HEALTH CARD NUMBER:
PRIVATE INSURANCE: YES / NO

**REFERRING MD NAME (stamp/label):**
REFERRAL DATE: _____
ADDRESS, PHONE, FAX:
BILLING NUMBER: _____

SIGNATURE: _____

**REASON FOR REFERRAL:**

_____
_____
_____
_____
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_____
_____

- ☐ Joint assessment and injection (provide details on the side)
- ☐ Injection of joint or bursa under ultrasound guidance
- ☐ Viscosupplementation injection (knee/shoulder/hip arthritis)
- ☐ Platelet rich plasma (PRP) therapy consultation
- ☐ Skin cancer, pre-cancerous or benign lesion biopsy/excision

**IMPORTANT COMORBIDITY:** _____

_____

**MEDICATIONS:** _____

**ALLERGIES:** _____

**IMAGING REPORTS (IF AVAILABLE):** _____

**PATIENT'S PHARMACY:** _____

*** ASSESSMENTS DO NOT AFFECT FHO/FHT OR GP BILLINGS ***

Patients can also be seen at our other location: Charing Cross Medical™, 124 Charing Cross St, Brantford, ON

Phone: 519-304-8550 ~ Fax: 519-304-8554 ~ Web: www.charingcrossmedical.com