



SPORTS INJURY AND ORTHOPAEDIC CONSULTATION REQUISITION

480 Huronia Road, L1, Suite 104, Box #15, Barrie, Ontario L4N 6M2 | 705.734.3340

PLEASE FAX TO 705.734.9210

PATIENT'S NAME _____ DATE OF BIRTH _____
ADDRESS _____ HEALTH CARD NUMBER _____

REFERRING PHYSICIAN _____
PHONE _____

REFERRAL FOR

- Sports Injury Orthopaedic Consult
DR. M. KORKOLA
- General Orthopaedic Consult
DR. C. IKEJANI
- General Orthopaedic Consult
DR. M. VENNETILLI
- Sport Medicine Physician
DR. A. MOLDES
- Sports Injury Orthopaedic Consult
DR. GORD CRAWFORD
- General Orthopaedic Consult
DR. J O'SULLIVAN
- Sport Medicine Physician
DR. R. GOUDIE

REASON FOR CONSULTATION _____

CLINICAL HISTORY _____

ALLERGIES _____

MEDICATIONS _____

REFERRING PHYSICIAN SIGNATURE _____

DATE _____ MOH NUMBER _____