



**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**
- Sports Injury Orthopaedic Consult **DR. G. CRAWFORD**
- First Available Ortho
- Sport Medicine Physician **DR. R. GABOR**
- Sport Medicine Physician **DR. R. GOUDIE**
- First Available SMP

REASON FOR CONSULTATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLINICAL HISTORY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES \_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS \_\_\_\_\_  
\_\_\_\_\_

REFERRING PHYSICIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ MOH NUMBER \_\_\_\_\_