



**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. K. NANOS**
- Sport Medicine Physician  
**DR. R. GABOR**
- First Available SMP

REASON FOR CONSULTATION  
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CLINICAL HISTORY  
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ALLERGIES  
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MEDICATIONS  
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REFERRING PHYSICIAN SIGNATURE \_\_\_\_\_

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