

204 RICHMOND STREET
 THOROLD, ONTARIO
 L2V 5A7
 TELEPHONE (905) 682-1400
 FAX (905)682-1468

RESPIROLOGY REFERRAL

Please check all that apply: Is the patient currently on Oxygen? No Yes

Cough Asthma Hemoptysis Abnormal Imaging
 Dyspnea COPD Pulmonary Fibrosis Pulmonary Hypertension
 Other (specify): _____

** Please provide all relevant imaging and blood work with referral.*

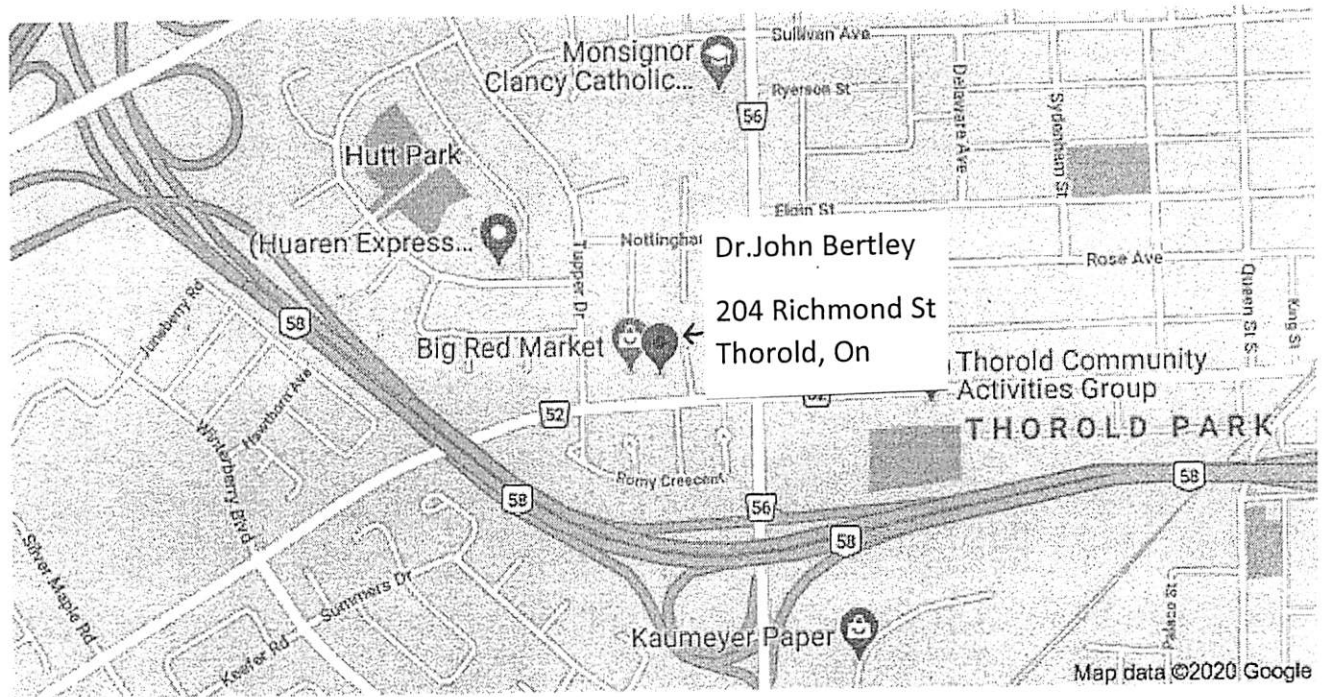
Current Medications (List or attach) _____

PATIENT INFORMATION - PLEASE COMPLETE

Patient's Last Name: _____		First: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Home Address: _____		City: _____	Postal Code: _____
Email Address: _____		Home Phone: _____	Mobile Phone: _____
Date of Birth: _____		OHIP Number: _____	

REFERRING PHYSICIAN - PLEASE COMPLETE

Referring Physician (PRINT) _____	Backline Number: _____
Address: _____	Fax Number: _____
Physician Signature: _____	CC to Family Doctor (if different): _____
Billing Number: _____	Family Doctor Phone: _____



The Emergency Department has made a referral for you to see Dr. John Bertley. Dr. Bertley's office is located at 204 Richmond St, Thorold. The closest major intersection is Collier Rd and Richmond St, Thorold.

Please contact our office with any questions regarding your upcoming appointment with Dr. Bertley

PHONE: 905-682-1400