

AFFIX PATIENT LABEL

St Catharines Site  
EMERGENCY DEPARTMENT REFERRAL FOR  
ORTHOPEADIC CONSULTATION/CARE

Referral to Dr.:

- Dr. Kalchman       Dr. Robert       Dr. Sacevich
- Dr. Goyal       Dr. McCloy       \_\_\_\_\_

OR

- First Available Appointment with any surgeon

Date of Referral: \_\_\_\_\_

Diagnosis/Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BOOKING PRIORITY:** *All patients are to be booked in the clinic within 7 days. If the patient requires more urgent medication attention, the ER physician is to contact the orthopedic surgeon on-call directly.*

Referring Dr: \_\_\_\_\_

Signature: \_\_\_\_\_

OHIP Billing code: \_\_\_\_\_

**Please Fax Referral to Outpatient Scheduling:  
905-688-8288**