



London Health Sciences Centre

OUTPATIENT REFERRAL

CLINIC: _____

PHYSICIAN: _____ REFERRING PHYSICIAN: _____

APPOINTMENT DATE: _____ TIME: _____

- SITE: **VICTORIA HOSPITAL**
Zone E, Level 5, 300 Wing
 800 Commissioners Rd. E.
 London, Ontario
Medicine Outpatient Clinics
 Tel: 519-667-6602
 Gastroenterology
 Respiriology
 Sleep
- VICTORIA HOSPITAL**
Zone E, Level 5
 800 Commissioners Rd. E.
 London, Ontario
 Park in Parking Lot #7 (off of
 Baseline Road), enter in Zone E,
 take Elevator to 5th Floor.
 **Urgent Gastroenterology
 Clinic**
 Tel: 519-667-6582
 Fax: 519-667-6820
- VICTORIA HOSPITAL**
 800 Commissioners Rd. E.
 London, Ontario
 Urology Clinic
Zone E, Room E2-635
 Tel: 519-685-8500
 ext. 58450
 Orthopaedic Clinic
Room C2-100
 Tel: 519-685-8500
 ext. 56350
- VICTORIA HOSPITAL**
 800 Commissioners Rd. E.
 London, Ontario
Plastics Clinic
Zone E, Room E2-008
 Tel: 519-685-8500
 ext. 58178
 Dr. Matic
 Fax: 519-685-8405
 Dr. Scilley
 Fax: 519-667-6643
 Dr. Yazdani
 Fax: 519-685-8322

IT IS IMPORTANT THAT THE SITE IS CLEARLY IDENTIFIED.

THIS SECTION IS TO BE COMPLETED BY REFERRING PHYSICIAN OR DESIGNATE.

DIAGNOSIS: _____

MEDICAL HISTORY: _____

LIST CURRENT MEDICATIONS: _____

SURGICAL PROCEDURE: _____

CLINIC ORDERS: _____

X-ray Site	Cast Bivalve	Cast Off	Sutures Removed
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DATE: _____ (YYYY/MM/DD) PHYSICIAN'S PRINTED NAME AND SIGNATURE: _____



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PATIENT'S COPY - BRING THIS COPY TO THE CLINIC
****FOR UROLOGY CLINIC PATIENTS - The Urology Office will notify you of your appointment date and time.**



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