



North End Urgent Medical Clinic
REFERRAL FORM
 FAX (519) 663-3414

REFERRING PHYSICIAN:	FAMILY PHYSICIAN:
SIGNATURE:	DATE OF REFERRAL:
INTERPRETOR REQUIRED <input type="checkbox"/>	

REASON FOR REFERRAL:

Appointment details:
Date: _____ Time: _____
Location <input type="checkbox"/> Dr. Marko Mrkobrada <input type="checkbox"/> Dr. Don Farquhar <input type="checkbox"/> Dr. Kathryn Myers
<i>(circle one):</i> <input type="checkbox"/> Dr. Noureen Huda <input type="checkbox"/> Dr. Ken Gilbert <input type="checkbox"/> Dr. Andrew Appleton
<input type="checkbox"/> Dr. Mark Goldszmidt <input type="checkbox"/> Dr. Jeff Yu

INSTRUCTIONS TO ER:
<ol style="list-style-type: none"> 1) Book appointment for patient directly on Cerner. 2) Record the appointment details (time, date and location) in the Patient Information Sheet. 3) Record the appointment details in the Referral Form. 4) Fax referral form and ER record to (519) 663-3414. 5) Inform patient of appointment details, and provide the Information Sheet. UMC will NOT call the patient.
<i>UMC USE ONLY</i>
Faxed to appropriate physician on: _____ Date: _____ Time: _____