

LONDON SPECIALISTS GROUP

~ A division of Medpoint Health Care ~

233-355 Wellington St. (CitiPlaza), London, Ontario N6A 3N7 • Phone: 519 432-1919 • www.medpoint.ca

FAX REFERRALS TO: 519 432-9529

(REQUIRED)

Today's date _____
Patient's name _____
 Male Female Health Card # _____
Address _____
City _____ Postal Code _____
Phone (____) _____ Cell (____) _____ D.O.B _____
MM / DD / YYYY

In order to provide you with the best possible health care at your visit, we encourage you to make alternate childcare arrangements as Medpoint staff are not able to provide childcare.

FOR OFFICE USE ONLY

APPOINTMENT
Date _____
Time _____

Patient history / Reason for referral (REQUIRED)

- CARDIOLOGY**
Dr N. Huq
 Consult Only
 Stress Test Only
 Consult & Stress Test
 Echocardiogram
 Holter
 ECG
- GENERAL SURGERY**
Dr M. Grace, Dr C. Oung, Dr. D Denton
 Lumps & Bumps
 Circumcision- Adults
 Vasectomy
 Carpel Tunnel
 Toenail Ablation & Excision
- PLASTIC SURGERY**
Dr C. Scilley, Dr. T. Afolabi, Dr. R. Colcleugh
 Biopsy Confirmed Skin Cancer
 Cosmetic Skin Surgery
- GASTROENTEROLOGY**
Dr W. Barnett
- LONDON SKIN DISORDERS CLINIC**
Dr J. Hunter-Orange, Dr J. Andrade, Dr J. Tripp, Dr I. Toft
 Skin rashes
 Acne
 Eczema
 Skin Cancer- Biopsies
 Pre-Cancers (Actinic Keratosis)
- GYNECOLOGY**
Dr R. Robins, Dr. J. Swan
 Endometrial Biopsies
 IUD Insertions / Removals
 Barth Cysts
 Irregular Bleeding
 OTHER: _____
- DERMATOLOGY**
Dr G. Dilworth
 Suspicious Moles & Lesions ONLY
- SLEEP MEDICINE SPECIALIST**
Dr G. Soparkar
Internal Referrals ONLY
- PHYSICAL MEDICINE AND REHABILITATION**
Dr O. Tugalev
 Muscular
 Brain Injury
 Stroke
 Neurological
 Sport Related
 Chronic Pain
 NCS/EMG
- INTERNAL MEDICINE**
Dr. A. Nimir

Referring Physician _____ *SIGNATURE* Physician's name _____ *PRINT*
Physician billing # _____ Phone _____
Address _____ Fax _____

IF "REQUIRED" AREAS ARE NOT COMPLETED, FORM WILL NOT BE PROCESSED.