

Specialist Consultation Request

PATIENT INFORMATION:			REFERRING PHYSICIAN:		
Name			Name		
Date of Birth			Fax No.		
Phone 1	Phone 2		Phone No.		
Health Card No.			Request Date		
Address			Case Type 🗖 W	СВ	☐ MVA
			□ Cc	ommunity Services	□ N/A
FOR SPECIALIST:	Dr. Christopher Johnston Musculoskeletal Specialist		Jacquelyn Corkum culoskeletal Specialist	☐ Dr. David Amirault Orthopaedic Consu	
☐ Dr. Edward Abraham Orthopaedic Consultant	Dr. Jason Ju Licensed Podiatrist		dy Hoar ified Pedorthist	Other Please specify:	
PREFERRED LOCATION Dartmouth Millstone Square, 250 Baker Drive Dartmouth, NS B2W 6L4 PATIENT DIAGNOSIS REASON FOR REFERI	Clayton Pa 278 Lacew Halifax, NS	ark Shopp ood Driv	oing Centre e	Halifax Park Lane Mall, 1554 Dresden Row, S Halifax, NS B3J 2K2	Suite 3070
Medications			Allergies		
PHYSICIAN SIGNATUR	 RE:				