ARTHRITIS & INJURY CARE
BRACING & ORTHOTICS

Specialist Consultation Request

PATIENT INFORMATION:

Name

Date of Birth

Phone 1 | Phone 2

Health Card No.

Address

REFERRING PHYSICIAN:

Name

Fax No.

Phone No.

Request Date

Case Type ❒ WCB ❒ MVA ❒ Community Services ❒ N/A

FOR SPECIALIST:

❒ Dr. Christopher Johnston
Musculoskeletal Specialist

❒ Dr. Jacquelyn Corkum
Musculoskeletal Specialist

❒ Dr. David Amirault
Orthopaedic Consultant

❒ Dr. Edward Abraham
Orthopaedic Consultant

❒ Doug Iwasaki
Certified Orthotist

❒ Andy Hoar
Certified Pedorthist

❒ Other
Please specify:

PREFERRED LOCATION:

❒ Dartmouth
Millstone Square,
250 Baker Drive
Dartmouth, NS B2W 6L4

❒ Clayton Park
Clayton Park Shopping Centre
278 Lacewood Drive
Halifax, NS B3M 3N8

❒ Halifax
Park Lane Mall,
1554 Dresden Row, Suite 3070
Halifax, NS B3J 2K2

PATIENT DIAGNOSIS:

REASON FOR REFERRAL:

Past Medical History

Medications | Allergies

PHYSICIAN SIGNATURE: _____

Please attach all pertinent documents and fax to 902-442-5625 or email to contact@arthritisandinjurycare.com

P 902.442.5199 | Toll Free 1.888.422.1608 | F 902.442.5625
www.arthritisandinjurycare.com