



Orthopedic Clinic Community Referral

PATIENT INFORMATION	REFERRED BY
First name	Referring practitioner
Last name	MSP # <input type="checkbox"/> Locum
Date of birth <small>Year Month Day</small>	STAMP
PHN	
Primary contact number	
Special Instructions	Primary Care Provider <input type="checkbox"/> Same as ordering practitioner

REFERRAL INFORMATION

Instructions for Referring provider: **Referral to the Orthopedic Clinic requires consultation with, and acceptance for care by, an Orthopedic Surgeon**

1. Please call the hospital switchboard to obtain the name and contact information for the on-call physician Phone: 250-727-4212
2. Please specify the site you want (RJH/VGH).
3. The orthopedic on-call physician will give an arrival date and time for the patient to attend the clinic.
4. After contacting the orthopedic surgeon on-call, complete this form and fax to the Orthopedic booking office Fax: 250-727-4519
5. Give copy to patient.

Reason for referral:
 X-ray Consult Cast removal Follow-up Other (specify): _____

Diagnosis/Location Affected Limb: _____

Date of last imaging: _____ Date of next imaging: _____ Visit Arrival Date/Time: _____

Orthopedic surgeon contacted: *(Once patient has been accepted by the Orthopedic surgeon, the surgeon's office will notify the patient for any changes made after the initial booking)*

<input type="checkbox"/> Dr. R.S. Burnett	<input type="checkbox"/> Dr. P. Dryden	<input type="checkbox"/> Dr. C. Nelson	<input type="checkbox"/> Dr. J. Stone
<input type="checkbox"/> Dr. T. Camus	<input type="checkbox"/> Dr. D. Jacks	<input type="checkbox"/> Dr. L. Pugh	<input type="checkbox"/> Dr. E. Torstensen
<input type="checkbox"/> Dr. M. Collins	<input type="checkbox"/> Dr. J.A. McInnes	<input type="checkbox"/> Dr. D.J. Saliken	<input type="checkbox"/> Dr. B. Weatherhead
			<input type="checkbox"/> Dr. Z. Zarzour

PATIENT INFORMATION

Information For Patient: IMPORTANT!

1. You may be required to go to Medical Imaging for x-rays during your visit.
2. Lengthy waits are possible at both the Orthopedic Clinic and Medical Imaging Department. Please allow 1-3 hours for all visits.
3. Patients requiring assistance, please bring support person.
4. For visit changes or cancellations **ONLY**, please call Phone: 250-727-4339

<input type="checkbox"/> RJH Orthopedic Clinic Royal Jubilee Hospital, D&T Building, Clinic 3 1952 Bay Street, Victoria, BC Phone: 250-370-8619	<input type="checkbox"/> VGH Orthopedic Clinic Victoria General Hospital 1 Hospital Way, Victoria, BC Phone: 250-727-4367
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