LONDON SPECIALISTS GROUP

A Division of Medpoint Health Care Centres

233-355 Wellington St. (Citi Plaza) London, Ontario N6A 3N7
205 Broadway St. Tillsonburg, Ontario N4G 3R2
Phone: 519 432-1919 www.medpoint.ca

FAX REFERRALS TO: 519-432-9529

Today's Date: _____
Patient's Name: _____
☐ M ☐ F Health Card #: _____ D.O.B.: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____

REASON FOR REFERRAL:

_____
_____
_____

SPECIALIST:

☐ **CARDIOLOGY**
Dr N. Huq, Dr. M Fiaani
- ☐ 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, Dr. D. Snider

PREFERRED LOCATION
- ☐ London – Citi Plaza
- ☐ Tillsonburg – Broadway St.

REASON FOR REFERRAL
- ☐ Endometrial Biopsies
- ☐ IUD Insertions / Removals
- ☐ Barth Cysts
- ☐ Irregular Bleeding
- ☐ **OTHER**:_____

☐ **DERMATOLOGY**
Dr G. Dilworth
- ☐ Suspicious Moles & Lesions ONLY

☐ **PHYSICAL MEDICINE AND REHABILITATION**
Dr O. Tugalev

PREFERRED LOCATION
- ☐ London – Citi Plaza
- ☐ Tillsonburg – Broadway St.

REASON FOR REFERRAL
- ☐ Muscular
- ☐ Brain Injury
- ☐ Stroke
- ☐ Neurological
- ☐ Sport Related
- ☐ Chronic Pain
- ☐ NCS/EMG

☐ **FOOTCARE**
- ☐ Compression Stockings
- ☐ Custom Orthotics
- ☐ Custom Footware

☐ **INTERNAL MEDICINE**
Dr. A. Nimir

☐ **SLEEP MEDICINE SPECIALIST**
Dr G. Soparkar
Internal Referrals ONLY

Referring Physician Name _____ **Referring Physician Signature** _____

Physician Billing # _____ **Phone** _____

Address _____ **Fax** _____