



**Mount Sinai
Hospital**



**TORONTO
PERINEAL
CLINIC**

Toronto Perineal Clinic and Urogyn Clinic Referral

Dr. Melissa Walker, Dr. Evan Tannenbaum

700 University Ave, 3rd floor, Toronto, Ontario, M5G 1Z5
Ph: 416-586-4800 x 3758 OR x8613, Fax: 416-586-8343

Dr. May Alarab

700 University Ave, 8th floor, Toronto, Ontario, M5G 1Z5
Ph: 416-586-8428 Fax: 416-586-8387

Referring Physician/Midwife Information

Name: _____	Phone: _____
Address: _____	Fax: _____
Email address: _____	OHIP Billing No. _____

Patient information (or place patient ID sticker here)

Name: _____	(patient ID sticker)
Date of birth: _____	
Phone: _____	
Healthcard number: _____	

Referral information

Date: _____
This is a referral for a _____ year old G _____ P _____ who delivered on _____ and sustained a:
<input checked="" type="radio"/> 3a degree tear
<input type="radio"/> 3b degree tear
<input type="radio"/> 3c degree tear
<input type="radio"/> 4 th degree tear
<input type="radio"/> Other _____
Additional notes:

Please FAX the completed form to 416-586-8343 AND 416-586-8387. Short term follow up (1-2 weeks) and longer term follow up (3-4 months) will be arranged.

***NOTE- the delivery note must be included with the referral**

Delivery note attached

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