**Fracture Clinic Referral Form**

**PLEASE FAX COMPLETED FORM TO 416 586-4769.**

***PATIENTS WILL REQUIRE THEIR ONTARIO HEALTH CARD FOR EACH VISIT.***

***Fracture Clinic is located at Mount Sinai Hospital, 600 University Avenue, on the 5th floor, Room # 504.***

***If you have questions or concerns regarding a sent referral or a patient inquiry please call 416 586 5041.***

***\*If your patient has a soft tissue injury or sports medicine related injury please fax referral to the Dovigi Sports Clinic 416-619-5548.***

Referring Doctor

OHIP Billing #

***Urgency: 1-3 days 3-7 days 7-14 days 14-21 days 1-3 months***

**Patient Demographics/Info**

Reason for Referral:

Patient History:

\*\* IF YOUR PATIENT HAS AN OPEN OR DISPLACED FRACTURE PLEASE

 SEND THEM TO THE CLOSEST EMERGENCY DEPARTMENT.