

ALLERGIES:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

HCN: \_\_\_\_\_

**BRANTFORD GENERAL HOSPITAL FRACTURE CLINIC REFERRAL FORM**

Please print legibly!

ALL fractures must be discussed with the orthopedic surgeon on-call  
519-751-5544 ext. 0 ask for orthopedic surgeon on-call

Referral forms must be faxed to the Accepting Orthopaedic Surgeon with ER face sheet

Referral Date: \_\_\_\_\_

Referring Site:  BGH  The Willett  NGH  WHGH

Other: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Billing Number: \_\_\_\_\_

Diagnosis:  Right  Left \_\_\_\_\_

Brief History: \_\_\_\_\_

**APPOINTMENT AT BGH FRACTURE CLINIC**

- \* 200 Terrace Hill Street. Enter through D Wing entrance off Elizabeth Street
- \* Patient to sign in at the D-Wing Patient Registration desk on arrival
- \* Please provide Patient Information Sheet for Fracture Clinic
- \* Patients are limited to a maximum of one (1) visitor to the fracture clinic, and only if necessary

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Orthopaedic Surgeon Consulted (check one)

**Dr. Bashar Alolabi**  
Fax: 519-757-1823

**Dr. James Dill**  
Fax: 519-304-5533

**Dr. Michael Hickey**  
Fax: 519-512-2445

**Dr. Jason Lam**  
Fax: 519-512-2431

**Dr. Gavinn Niroopan**  
Fax: 519-900-2227

**Dr. David Pugh**  
Fax: 519-751-1910

**Dr. Michael Woolfrey**  
Fax: 519-900-2227

*Fax must include this form (completed) with the Emergency Visit Face Sheet*