LinkedHealth
Virtual Specialist Consultations

Email: info@linkedhealth.ca
Web: LinkedHealth.ca
Fax: (416) 342 1751
Phone: (416) 800 1949

Referral Form

Patient Information

Patient Name

Gender Date of Birth (dd/mm/yy)

Address

OHIP Number Version

Phone Email

Family Physician Fax

Referring Physician

Physician Name

Address

Tel Fax

Billing Number

Specialist Referral:

☐ Pain Medicine ☐ Neurology ☐ Psychiatry

☐ Orthopaedics ☐ Urology ☐ Spine Surgery

Please ensure the appropriate patient contact number is included

Reason for Referral:

Physician Signature Date

Please fax to (416) 342 1751 and attach any supporting documentation

Thank you for your referral!