



3809 Sunset St.
 Burnaby, BC V5G 1T4
 † 604.565.9447 ‡ 604.565.9448

REFERRAL FORM

Your office will be informed of appointment date and time. The patient will NOT be contacted directly.

FAX TO 604.565.9448

Date: _____

Referring Physician Information:

Name: _____

MSP#: _____

FAX: _____

OR PHYSICIAN STAMP

Patient Information:

Name: _____ Address: _____

PHN: _____

DOB: _____ Tel.: _____ Home: _____

OR AFFIX LABEL Cell: _____

May select more than one and clinic will book with earliest available physician

<input type="checkbox"/>	Dr. Sarah-Jane Anand	
<input type="checkbox"/>	Dr. Salim Lalani (Welcome for consultation at either office)	<input type="checkbox"/> Burnaby Office (Affinity) 3809 Sunset St, Burnaby, BC <input type="checkbox"/> Vancouver Office (Crossroads Ob/Gyn) 330 - 507 West Broadway Ave
<input type="checkbox"/>	Dr. Jennifer Muir	
<input type="checkbox"/>	CLINIC TO DESIGNATE <input type="checkbox"/> Female Gynaecologist Only (Wait will be longer)	

Reason For Referral Specify if URGENT (Patient will be seen within 72 hours)	Supporting Documents	Attached	To Follow
	U/S Reports	<input type="checkbox"/>	<input type="checkbox"/>
	Blood work	<input type="checkbox"/>	<input type="checkbox"/>
	Cultures	<input type="checkbox"/>	<input type="checkbox"/>
	Pap	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>

FOR INTERNAL USE ONLY:

Triage Notes:	Initials	Appointment Date and Time
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