



**Lakeridge
Health**

**Lakeridge Health Oshawa
Fracture Clinic Referral**
Fax: 905-721-7783
Phone: 905-576-8711 x33301

Please Print or Affix Label

Patient Name (last, first):

Telephone Number:

Date of Birth:

Sex: Male / Female

Alternate Contact Number:

Health Card #:

All referrals must be discussed with On Call Orthopaedic Surgeon through Locating (905-576-8711 x33200)

Once approved fax to 905-721-7783 or email fractureclinic@lh.ca

Referring Physician:

Date:

Referring Physician Contact Number:

Reason for Referral

Diagnosis (attach consult notes):

Date of Injury:

Case Information and follow up Instructions

Case was discussed with On Call Orthopaedic Surgeon Dr. _____

☐ Follow up in On Call Orthopaedic Surgeon's clinic.

☐ Follow up within 48-72 hours

Fracture clinic will contact patient with appointment date and time

Please confirm that the patient's phone number is correct

