



**Toronto:** 55 University Ave, M002  
 Toronto, ON M5J 2H7  
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 Fax: 416-342-0808

**East York:** 481 Danforth Ave.  
 Toronto, ON M4K 1P5  
 Tel: 416-888-1008  
 Fax: 416-572-8717

# Consultation Request:

## Toronto

- Orthopaedic Surgeon       Pain Medicine
- \_\_\_ Dr. Joseph Menna MD, FRCSC      \_\_\_ Dr. James Khan MD, FRCPC  
 \_\_\_ Dr. Joyce Fu MD, FRCSC          \_\_\_ Dr. Sachin Sahni MD, FRCPC

## East York

- Orthopaedic Surgeon       Sport Medicine Physician
- \_\_\_ Dr. Jihad Abouali MD, FRCSC      \_\_\_ Dr. Sheniz Eryuzlu MD, CCFP, Dip. Sport Med  
 \_\_\_ Dr. Joseph Menna MD, FRCSC      \_\_\_ Dr. Fouad Sayde MD, Dip. Sport Med

Patient Information	Referring Physician Information			
Patient Name:	Physician Name:			
DOB:	Address:			
Health Card:	Phone:			
Address:	Fax:			
Home Phone:	Billing Number:			
Work Phone:	Specialty:			
Cell Phone:	Family Physician: ( If not referring MD )			
<b>Reason for Referral</b> (Include diagnosis and treatment to date)				
<b>Medical and Surgical History</b>				
<b>Medications</b>	<b>Allergies</b>			
<b>Radiology Report Required</b>				
MRI	CT SCAN	X-RAY	Ultrasound	Other _____
<b>Signature:</b>		<b>Date:</b>		