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East York: 481 Danforth Ave.
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Consultation Request:

Toronto

Orthopaedic Surgeon Pain Medicine
 ___ Dr. Joseph Menna MD, FRCSC ___ Dr. Sachin Sahni MD, FRCPC
 ___ Dr. Joyce Fu MD, FRCSC

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)			
Reason for Referral (Include diagnosis and treatment to date)				
Medical and Surgical History				
Medications	Allergies			
Radiology Report Required				
MRI	CT SCAN	X-RAY	Ultrasound	Other _____
Signature:		Date:		