

Fax to 1 416-446-4135 for
OTN Scheduling Services

OTN USE ONLY

SITE NAME / SYSTEM NO.

APPOINTMENT DATE (DD/MM/YY)

APPOINTMENT TIME

PATIENT REFERRAL FORM

APPOINTMENT INFORMATION

Date of Request (DD/MM/YY)	Tentative date / time for consult	Length of consult
		minutes

REFERRING HEALTHCARE PROFESSIONAL & SPECIALIST

Dr. Joanne Clarke

Geriatrician

960 D Notre Dame Avenue
Sudbury, ON P3A 2T4
Tel: 705 688 3970
Fax: 705 688 7720

PATIENT INFORMATION

Name:		DOB:		Female	Male
Health Card & version code:		Tel:			
Address, City & Postal Code:					
Contact Person, if applicable	Name:		Relationship to pt:		Contact Numbers:

SUPPLEMENTAL INFORMATION

Family Physician:		Type of appointment:	NEW PATIENT CONSULT FOLLOW-UP VISIT
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CONSULTANT STUDIO: SUD_NESG_1625_NES_02

REASON FOR REFERRAL AND ADDITIONAL COMMENTS

In accordance with the *Personal Health Information Protection Act, 2004 (Ontario)*, I agree to be bound by 'Terms and Conditions for Referring Clinicians' as currently posted on the OTN website www.otn.ca or available on request by calling (866) 454-6861 Press 2 for Scheduling.

Tara Maguire for Dr. J. Clarke

Referring Clinician Signature This document contains personal health information and must be protected in accordance with Ontario's *Personal Health Information Protection Act*.