

ORTHOPAEDIC SURGERY REFERRAL FORM



**Lakeridge
Health**

Dr. Omar Dessouki, MD, FRCSC

Hip, Knee and Shoulder Surgeon

Joint Replacement, Sports Medicine and Trauma Surgery



Proud Member UHN

1300 Keith Ross Drive, Oshawa, ON, L1J0C7

Fax: 905-721-4056 Phone: 905-721-7703



PATIENT INFORMATION

Name: _____

Health Card #: _____ Version Code: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

Date of Birth: day _____ / month _____ / year _____ Sex: MALE FEMALE

REFERRING PHYSICIAN INFO

Doctor: _____ Billing #: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____

REASON FOR REFERRAL

KNEE SHOULDER HIP INJECTION OTHER

Clinical Information: _____

