



Provis Rudd Clinics

Date: _____

Toronto
123 Edward Street, Ste 400
Toronto, Ontario M5G 1E2
Tel. 416-597-0997

Mississauga
3095 Glen Erin Dr., Ste 7-10
Mississauga, Ontario L5L 1J3
Tel. 905-607-0022

Oakville
710 Dorval Drive, Ste. 202
Oakville, Ontario L6K 3V7
Tel. 905-607-0022

Ottawa
2 Gurdwara Road, Ste.100
Ottawa, Ontario K2E 1A2
Tel. 613-216-1823

Referred to Specific Physician: _____

Patient's Name (LastName / FirstName)		Referring Physician	
Patient's Address or Label		Physician's Address or Stamp	
Health Card No. Version:	Gender (pls.circle) Male Female	Physician Referring Number	
Date of Birth dd/mm/yyyy	Daytime Phone	Evening Phone	Physician's Phone No. Physician's Fax No.

Reason for Consult

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Colonoscopy

- Screening
- Rectal bleeding / FOBT positive
- Family History
- Abdominal Pain
- Other

Gastroscopy

- Abdominal pain; dyspepsia
- Anemia
- Other

Weight.....Lbs/Kg

Anorectal Problems

- Abscess/hematoma Fissure Fistula Hemorrhoids
- Rectal Bleeding
- Other

Medical History

- Hx of adverse reaction to sedation/anaesthesia
- Diabetes Mellitus: Type I or Type II
- On anticoagulants
- ASA or Plavix
- MI / Unstable angina last 6 months
- Emphysema/Severe COPD
- Ambulatory
- Prosthetic heart valve
- Abnormal renal function
- Other

List all Medications:

Referring Physician Signature:

We will make 3 attempts to contact the patient. Your patient can call for an appointment 3 business days after referral is sent.

Additional Referral forms Yes No

Greater Toronto Area Fax to: 416-597-2912 or 905-607-0013 and for Ottawa Region: 613-216-1824