

Professional Referral Form

If you belong to a family health team (FHO, FHT) you will not be negated for referring to either Dr. Ram, Dr. Kamath or one of our anesthetists. Other CCFP physicians are in the process of obtaining their practice exemption and will be available to you soon.

Referring MD / Allied Health Professional : _____

MD Billing Number : _____

Office Phone # : _____ Office Fax # : _____

Possess valid opiate prescribing license? : Yes No

Family Physician: As above No GP Other: _____

Patient Name : _____ D.O.B: _____

Patient Phone # : _____ WSIB Claim# (if applicable): _____

Patient Health Card #: _____ Version Code: _____ Issue Date: _____

Reason for Referral: _____

Current Medications: _____

* Please provide any imaging and/or other consultation documentation along with this referral.

*** I acknowledge that I will resume care of my patient and potential, recommended opiate prescription from InMedic Pain Management Centres.**

Signature : _____

Name : _____