AFFIX PATIENT LABEL HERE

KW Plastic & Reconstructive Surgery Associates

Dr. Jessica Shih MD FRCSC
Dr. Miliana Vojvodic MD MSc FRCSC
435 The Boardwalk, Suite 201, Waterloo, ON N2T 0C2
Phone (519) 576-2888 www.kwplasticsurgery.ca

NEW REFERRAL FORM

Please fax form to (226) 686-1686

Date: _____

Patient Information:

Name: _____ DOB: ___ /___ /___ (DD / MM / YY)

Gender: ____ Email: _____

PCP (if not referring physician): _____

HCN: _____ - _____

Phone #: _____ Alt #: _____

Address: _____

_____

Referring Physician Information:

Name: Dr. _____

PCP/Specialty: _____

Billing #: _____

Phone #: _____

Fax #: _____

Address: _____

_____

REFERRAL INFORMATION

Referral to:
- ☐ Dr. Jessica Shih, *Hand & Wrist Specialist, Plastic & Reconstructive Surgeon*
- ☐ Dr. Miliana Vojvodic, *Breast Specialist, Plastic & Reconstructive Surgeon*
- ☐ Either (Earliest available appointment)

Urgency: ☐ Urgent (within 1-2 weeks) ☐ Elective

Reason for Referral: _____

History: _____

_____

_____

_____

*** Please attach any clinical notes, investigations, etc. to support this request and expedite the referral process***

Diagnostic Tests Attached: ☐ X-Ray ☐ U/S ☐ CT/MRI ☐ NCS/EMG ☐ Other: _____ ☐ Pathology