8760 Jane St.
Suite B05B,
Concord,Ontario
L4K 0E8

Phone (905) 237-4623
Fax (905) 237-5098
reception@tipsmed.com
www.tipsmed.com

Interventional Pain Management Consultation Referral Form

Please complete this form and fax/email it. We will contact the patient directly.

Physician Info

CPSO#____________________ Billing#________________

Name:[Last,First]____

Address:___________________________City:________________PC:________

Phone:_________________ Email:______________________________

Fax:_________________ Website:_________________ Specialty:____________

Are you the patient's Fam. Physician? Yes / No.

Note: The referral must be supported by Physician's CPSO License and Billing Number

Providers:
Check for **INFO** about our facility and treatment options.
[write your **email**]

Patient Info

Name:[Last, First]________________________________

DOB: MM / DD / YYYY Preferred Phone: __________________________

Address:____

City:________________PC:__________ Alternate Phone: __________________

Health Card Number:______________________________

Bring a valid OHIP card and picture ID for consultation.• Visit ***tipsmed.com*** for more info.

Patients:
• Include a valid Cell phone as primary contact.

CHIEF PAIN COMPLAINT

AGE, LOCATION, CHRONICITY, QUERY:

Signature:_________________________

Expedite service for:
- Back Pain
- Neck Pain
- Large Joint

Direct Referral to:
- Dr. J.C. Brown
- Dr. F. Gonzalez M.
- No preference, expedite referral

DON'T FORGET:

• INCLUDE IMAGING OR STUDY OF AFFECTED ANATOMY (X-RAY, MRI, ULTRASOUND, EMG, ETC.)

• PERTINENT SUMMARY OR SPECIALIST REPORTS

OUR CENTER SPECIALIZES IN ADVANCED INTERVENTIONAL PROCEDURES FOR PAIN.
TREATMENT IS FOR ADULTS 18+
SEE OUR WEBSITE FOR DETAILS

www.tipsmed.com