

Dr. Matthew Tsuji, Dr. Ryan Wolek, Dr. Saf Malleck & Dr. Youjin Chang, Dr. Gamal Kousa & Dr. Michael Larocque
As practicing orthopaedic surgeons and sports specialists in the Durham region, we will promptly see your patients after an appropriate and complete referral form is sent via fax for ACUTE injuries. We will ensure there is no missed fracture by reviewing the x-ray you have performed and begin appropriate treatment for their injury. If they do require surgery, it will be organized at a Lakeridge Health facility. Thank you for your referral.

CONDITIONS WE TREAT (please check off the boxes to ensure this is an appropriate referral)

FOOT & ANKLE

<input type="checkbox"/> ankle sprains	<input type="checkbox"/> foot ganglions
<input type="checkbox"/> metatarsal/phalanx injuries	<input type="checkbox"/> avulsion fractures



INITIAL MANAGEMENT BY PHYSICIAN

<input type="checkbox"/> Place strains/fractures into plaster of paris splint + crutches and non weight-bearing
<input type="checkbox"/> X-ray has been completed

KNEE

<input type="checkbox"/> swelling/effusions	<input type="checkbox"/> meniscal tears
<input type="checkbox"/> ligament injuries/tears	<input type="checkbox"/> quads/patellar tendon injuries
<input type="checkbox"/> patellar dislocation/instability	



<input type="checkbox"/> Ligament & tendon injuries place into knee immobilizer + crutches and non weight-bearing
<input type="checkbox"/> X-ray has been completed

HAND & WRIST

<input type="checkbox"/> wrist/carpal sprains/strains	<input type="checkbox"/> carpal avulsion fractures
<input type="checkbox"/> carpal tunnel syndrome	



<input type="checkbox"/> Place hand/wrist/forearm into plaster of paris splint +/- sling and non weight-bearing
<input type="checkbox"/> X-ray has been completed

ELBOW

<input type="checkbox"/> simple dislocations	<input type="checkbox"/> cubital tunnel syndrome
<input type="checkbox"/> avulsion fractures	<input type="checkbox"/> ligament injuries
<input type="checkbox"/> bicep tendon injuries/tears	



<input type="checkbox"/> Place arm into sling or shoulder immobilizer and non weight-bearing
<input type="checkbox"/> X-ray has been completed

SHOULDER

<input type="checkbox"/> Simple dislocations	<input type="checkbox"/> Rotator cuff injuries/tears
<input type="checkbox"/> Tendon injuries	<input type="checkbox"/> AC joint injuries



<input type="checkbox"/> Place arm into sling or shoulder immobilizer and non weight-bearing
<input type="checkbox"/> X-ray has been completed

For **ALL** other fractures/injuries, please refer to the Lakeridge Health Fracture Clinic.

Diagnosis: _____ Date of Assessment/Referral: _____

History of Injury: _____

Referring Physician: _____ OHIP Billing #: _____

Physician Fax # or Email for correspondence (mandatory): _____

PLEASE FAX THIS COMPLETED FORM TO (905) 666-4523

Inappropriate injuries or incompletely filled out forms will be declined and sent back to referring physician.