

**ASBOLUTE MEDICAL CENTRE**  
60 Main St. E. Grimsby, Ontario  
Phone: (289) 235-7700, FAX: (289) 235-7451

**MUSCULOSKELETAL / CHRONIC PAIN INJECTIONS – Dr. Victoria Squissato**

<p><b>Trigger Finger</b></p> <p><b>Elbow: Medial &amp; Lateral Epicondylitis</b></p> <p><b>Shoulder</b></p> <p><b>Knee</b></p> <p><b>Ankle</b></p>	<p><b>Bursa Injections</b></p> <p><b>Trigger Point Myofascial Injections: Neck, Shoulder, Arm, Leg, Thoracic &amp; Lumbar Spine</b></p> <p><b>NeuroModulator Injections (“Botox”): Chronic Headache Syndromes &amp; Temporomandibular Disorders</b></p> <p><b>Ultrasound-Guided Injections</b></p>
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GP Focused Practise in Pain Management designation, referring Physicians will not be negated.

**REFERRAL FORM**

Date of Referral: \_\_\_\_\_ Physician Billing #: \_\_\_\_\_  
Referred by: Dr. \_\_\_\_\_ Physician Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City Prov. Postal code

Telephone: \_\_\_\_\_  
Home Bus. Ext.

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ HCN: \_\_\_\_\_ Version code: \_\_\_\_\_  
dd/mm/year

**WSIB:** YES NO    **WSIB FILE #:** \_\_\_\_\_    **MVA:** YES NO Please circle appropriate response

**CLINICAL INFORMATION**

**Reason for Referral & Relevant Findings:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current Medications (e.g., Anti-Coagulants / Anti-Platelets) & Relevant Treatments / Surgeries:**

\_\_\_\_\_  
\_\_\_\_\_

**\*\* PROVIDE ALL CLINICALLY RELEVANT DIAGNOSTIC TESTS (e.g., X-ray) / CONSULTATION REPORTS \*\***

PLEASE FAX COMPLETED FORM TO: (289) 235-7451