GERIATRIC CLINIC

Tel: 905.597.2080 Fax: 365.525.2000
bookings@gmdclinic.ca

330 Highway 7 East, Suite 511, Richmond Hill, ON, L4B 3P8

Dr. Mireille Norris, Geriatritian

FAX REFERRAL FORM TO 1.365.525.2000

Date of Referral:_____**Urgent: Yes**____ **No**____

Patient Full Name:_____

Health Card Number:_____**Vers:**_____

Date of Birth :_____

Patient Phone Number:_____

Address:_____

Referring Physician Name:_____

BILLING #:_____

Tel:_____ **Fax:**_____

Address:_____

Signature:_____

Reason for referral:

_____

_____

If applicable, please include with the referral:☐ Previous Blood Work ☐ Diagnostic Imaging ☐ Consultation Letters
Additional Comments:_____

Referring Physicians will be notified within 2 weeks of receipt and the patient will be notified of the appointment directly.