

Shouldice Hospital Referral Form 7750 Bayview Ave. Thornhill, ON L3T 4A3

Tel: 905-889-1125 Fax: 905-889-4216

Thank you for choosing to refer your patient to Shouldice Hospital. To start the referral process, please complete and fax this form to 905-889-4216.

Date:

Patient Information	Referring Physician Information
Patient Name:	Referring Physician Name:
Date of Birth:	Billing Number:
Address:	CPSO Number:
City: Province:	Address:
Postal Code:	City: Province:
Phone Number:	Postal Code:
E-Mail:	Phone Number:
Health Card Number:	Fax Number:
Reason for Referral:	
Pertinent Clinical Information:	
Pages Included (including transmittal page):	