Fraser Orthopaedic Institute

Community Physician Referral Form

403-233 Nelson's Crescent New Westminster BC V3L 0E4

FRASER ORTHOPAEDIC INSTITUTE

PATIENT INFORMATION: (affix label or complete)	**REFRRRING PHYSICIAN & BILLING NUMBER:**
Name: **DOB:** **PHN:** **PRIMARY PHONE:** **FULL ADDRESS:** **EMAIL:** _____	
WCB CLAIM? ☐ Yes ☐ No #	**DATE OF REFERRAL:**

(emails are mandatory, as the patient will be sent a patient questionnaire to be filled out prior to their appointment)

REASON FOR CONSULTATION:

☐ Hip ☐ Knee ☐ Foot/Ankle ☐ Shoulder/Elbow/Wrist ☐ Hand/Fingers

Other: _____

DIAGNOSIS AND TREATMENT TO DATE:

REFERRAL LETTER: ☐ Attached

******All referrals require medical imaging reports to be attached for appointment prioritization.**

ORTHOPAEDIC SURGEONS

☐ Dr. Kelly Apostle (Foot & Ankle) | **Fax referral to 778-312-0134 | info-apostle@fraserortho.ca**

☐ Dr. Dory Boyer (Lower Extremity Sports Injuries) **| Fax referral to 1-877-679-1960 | info-boyer@fraserortho.ca**

☐ Dr. David Cinats (Hand & Wrist, Nerve & Soft Tissue) | **Fax referral to 1.888.454.7811** | **info-cinats@fraserortho.ca**

☐ Dr. Parth Lodhia (Hip & Knee Sports Injuries) **| Fax referral to 1.855.753.0102 | info-lodhia@fraserortho.ca**

☐ Dr. Farhad Moola (Shoulder, Elbow & Wrist) **| Fax referral to 1-866-883-1615 | info-moola@fraserortho.ca**

☐ Dr. Bertrand Perey (Elbow, Wrist and Hand) **| Fax referral to 604-525-2628 | info-perey@fraserortho.ca**

☐ Dr. Trevor Stone (Pelvis, Hip and Knee) **| Fax referral to 778-312-0118 | moa.dr.stone@gmail.com**

☐ Dr. Darius Viskontas (Pelvis, Hip and Knee) | **Fax referral to 604-777-5644 | info-viskontas@fraserortho.ca**

Upon review, receipt of referral will be confirmed via fax to referring physician's office.
Please your patients refrain from calling the offices inquiring about their referrals and wait times.