



St. Paul's Hospital

Hand and Plastics Clinic
3 North OPD, Burrard Building
1081 Burrard St.
Vancouver, BC V6Z1Y6

FAX: 604-806-8680
PHONE: 604-~~809-9872~~

806.9972

LETTER OF REFERRAL

PLEASE COMPLETE THIS FORM LEGIBLY AND FAX TO CLINIC WITH SUPPORTING DOCUMENTS *

Patient's Name: _____ Birth Date: (dd/mm/yy) _____
Address: _____ PHN: _____
City: _____ Province: _____ Postal Code: _____
Home Phone No: _____ Other No: _____
Family Doctor: _____

REFERRAL URGENCY: Emergency ICBC WSBC
 Urgent
 Elective

CLINICAL DIAGNOSIS:

Date: _____ Referring Physician: _____
Billing Number: _____ Signature: _____
Office No: _____ Office Fax: _____
Referring Hospital: _____

X-RAYS: VGH
 PHC
 Films sent with patient

* ROA, Discharge Summary and Emergency Record