



DURHAM

BONE & JOINT SPECIALISTS

Surgeon-Led MSK Care
Orthopaedics & Sports Medicine Clinic

65 Bayly St West, Level 1, Suite 100, Ajax, ON, L1S 7K7
Phone: (905) 426 - 2233 Fax: (905) 426 - 3306

www.boneandjoints.ca

PATIENT INFORMATION

Last Name _____ First Name _____
 M F Other
 Date of Birth (DD/MM/YY) _____
 Address _____ Phone # _____
 Health Card # _____ WSIB Claim # _____

REQUIRED: Patient's Appointment Details Are Provided via Email and Text Message.

Email: _____

Cell #: _____

REFERRING PHYSICIAN	CPSO#	BILLING#	DATE
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Reason for Referral:

Non-Urgent Urgent

Details:

Date of Injury: _____

Presumptive Diagnosis: _____

REQUIRED: DBJS to Manage Imaging Requisitions

Yes, DBJS Will Coordinate All Imaging Required Prior to The Patient's Appointment
 No, Referring Physician Will Send Requisitions for X-ray Imaging

Area of Concern:

Shoulder Hip
 Elbow Knee
 Wrist Foot & Ankle
 Spine Other: _____

Referral to:

FIRST AVAILABLE SUB-SPECIALIST

OR PREFERRED PROVIDER (OPTIONAL)

DR. H. BENFAYED DR. J. LOBO
 DR. A. FROMBACH DR. K. RAVICHANDIRAN
 DR. S. GALLAY DR. M. ROLLINS
 DR. M. KOWALCZUK DR. L. RUBINGER

Laterality:

Left Right Bilateral

If The Referring Physician Prefers to Obtain Imaging, Please Use The Views Below. If No Recent Imaging (< 6 months) is Provided, DBJS Will Order Imaging Prior to The Appointment.

Shoulder: AP, Trans-Scapular Lateral & Axillary Views

Hip: Weight-Bearing Pelvis, AP & Lateral Views

Elbow: AP, Lateral, Internal & External Oblique Views

Knee: Weight-Bearing AP, Lateral, Tunnel & Skyline Views

Wrist/Forearm: AP & Lateral Views

Foot: Weight-Bearing AP, Lateral & Oblique Views

Spine: AP, Lateral & Oblique Views of Lumbar, Thoracic or Cervical

Ankle: Weight-Bearing AP, Lateral & Mortise Views

PLEASE FAX REFERRAL WITH CPP & DIAGNOSTIC IMAGING REPORT TO (905) 426 - 3306

Visit our Website to Learn More About Our Providers, Surgical and Non-Surgical MSK Services.