DR. RUBEENA KHAN
ANCASTER CENTRAL PEDIATRIC CLINIC

Unit:3 – 4, 26 Legend Court, Ancaster, L9K 1J3
Phone 905 304 8881 Fax 289 919 2511
Email: admin@rubeenakhanpediatrics.ca

REFERRAL FORM

Patient details:

Name: _____
DOB: _____
HCN: _____
Contact: _____
Address: _____

Pediatric Service: (Please circle around the service required)

Cardiology
Pediatric or Adolescent Behavioural and Mental Health
Newborn Care
Developmental Evaluation
Autism Assessment
General Pediatric Assessment

Reason for referral:

_____
_____
_____

Referring Dr: _____

Billing # _____

Clinic Info: _____