

REFERRAL COVERSHEET

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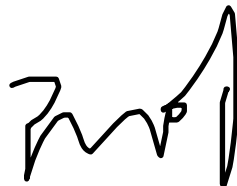
Please read the instructions carefully

Please use this coversheet when faxing a new referral, updating an existing (previously sent) referral or providing requested/missing information (e.g. results) to an existing referral. Faxes without a coversheet will be returned unactioned. Please fill this form in on a computer or use clear text.

Type of Referral NEW REFERRAL: <input type="checkbox"/> UPDATE TO EXISTING: <input type="checkbox"/> PROVIDING REQUESTED/MISSING INFORMATION TO EXISTING REFERRAL: <input checked="" type="checkbox"/>	Referred-to Service Name: SERVICE 3
To/recipient (where applicable include named specialist if known): DR. Black	Location of Service (e.g. Example City): ALBERTA Recipient Fax No: 905-123-8080 Number of pages (excluding coversheet): 5
Patient First Name: Mary	Patient Last Name: Gibson
Patient DOB (dd/mm/yyyy): 11/11/2000	Patient Sex: MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
Patient Medical Number: 0123456789	Referral ID (if provided, for updates/additional info to previously sent): 1234567890
Referrer First Name: Rob	Referrer Last Name: gordon
Referrer Provider Number: 9876345	Referrer Practice Name: PRACTICER3
Patients preferred and consented (from GP system) contact method – tick all that apply. We may text or leave voicemail where required: SMS <input type="checkbox"/> Phone/voicemail <input type="checkbox"/> Post <input type="checkbox"/> Email <input checked="" type="checkbox"/>	Patient mobile number: 905-123-4567 Patient home number: Patient email: test3@hotmail.com

Thank you for your cooperation in ensuring all fields of this document are filled out correctly. Please sign below.

Referrer Signature:



Above-mentioned referrer