



Thank you for your interest in referring your patient to our clinic!

As per the Ministry of Health & Long-Term Care*, the following information is **REQUIRED** in your referral form to our surgeons at the Hamilton Vein Institute:

○ **Referring Physician Information:**

- Physician Name
- Physician Billing Number
- Address
- Telephone Number
- Fax Number

○ **Patient Demographics:**

- Patient Name
- Patient OHIP Number and Version Code
- Birthdate
- Gender
- Address
- Telephone number(s)
- E-mail address (if available)

○ **Reason for the referral for consultation**

○ **Present and past medical history, list of current medications, physical findings, and relevant test results and reports**

Please fax your referral to our office at 1-888-365-1147.

* For original text regarding the definition and required elements of service, please see the General Preamble GP12 'Consultations' (www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/genpre.pdf)