

PLASTIC SURGERY URGENT ACCESS CLINIC Clinic 3 – RJH

REFERRAL FORM

FR 🤉	STA	FF I	NST	RUC	FIONS:

• Clinic hours: Monday, 1200-1600 Thursday, 0800-1200

Fax original completed form to Clinic 3: (250) 370-8476

· Give copy to patient.

o Sive copy to patient.							
PATIENT NAME:		PHN:					
DISCUSSED WITH PLASTIC SUR **Referral will be accepted after ERP disc the plastic surgeon.**		Dr.					
DATE NOTIFIED:		TIME NOTIFIED:					
REQUESTING PHYSICIAN	(NAME)		(MSP#)				
REASON FOR REFERRAL:							
	Na	me	Phone				
PLASTIC SURGEON:	□ Djurickovic, S	Slobodan	250-592-5510				
	☐ Gray, Jason		250-592-8668				
	☐ Morley, Rebecca		250-592-5510				
	☐ Naysmith, David		250-592-5510				
	☐ Robinson, Jennifer		250-590-7097				
	☐ Taylor, Christ	topher	250-595-6009				

DATE AND TIME OF APPOINTMENT:

LOCATION OF APPOINTMENT:

Clinic 3, Level One, Diagnostic & Treatment Centre Royal Jubilee Hospital 1952 Bay Street Victoria Tel: (250) 370-8619

FOR APPOINTMENT CANCELLATIONS, PLEASE CALL THE DOCTOR'S OFFICE.

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