Clear Form

ARTHRITIS & INJURY CARE
BRACING & ORTHOTICS

Specialist Consultation Request

PATIENT INFORMATION:

Name

Date of Birth

Phone 1 | Phone 2

Health Card No.

Address

REFERRING PHYSICIAN:

Name

Fax No.

Phone No.

Request Date

Case Type ❒ WCB ❒ MVA ❒ Community Services ❒ N/A

FOR SPECIALIST:

❒ Dr. Edward Abraham, Orthopaedic Consultant ***(Downtown Halifax only)***
❒ Dr. David Amirault, Orthopaedic Consultant
❒ Doug Iwasaki, Certified Orthotist ***(Downtown Halifax only)***
❒ Dr. Christopher Johnston, Musculoskeletal Specialist
❒ Andy Hoar, Certified Pedorthist ***(Downtown Halifax only)***
❒ Other; Please specify: _____

PREFERRED LOCATION: **Please note some specialists ONLY see patients in Downtown Halifax**

❒ Dartmouth
Millstone Square at Russell Lake
250 Baker Drive,
Dartmouth, NS B2W 6L4

❒ Clayton Park
Clayton Park Shopping Centre
278 Lacewood Drive
Halifax, NS B3M 3N8

❒ Halifax
Downtown Halifax - Park Lane Mall
1554 Dresden Row, Suite 3070,
Halifax, NS B3J 2K2

PATIENT DIAGNOSIS:

REASON FOR REFERRAL:

Past Medical History

Medications | Allergies

PHYSICIAN SIGNATURE: _____

Please attach all pertinent documents and fax to 902-442-5625 or email to contact@arthritisandinjurycare.com

P 902.442.5199 | Toll Free 1.888.422.1608 | F 902.442.5625
www.arthritisandinjurycare.com