

Dr. Michel Lacerte

4520 Colonel Talbot Road
London, Ontario N6P 1B6
Bus: (519) 652-2141 Ext. 23

Fax: (519) 652-2138

☐ **URGENT**

PM&R Consultation & Procedures Requisition

Surname: _____

Given Names: _____

Address: _____

City: _____ Postal Code: _____

OHIP No.: _____ VC: _____

Phone: _____ Date of Birth MM/DD/YYYY

Gender: M ☐ F ☐ UK ☐

WSIB No.: _____

Date of Injury: MM/DD/YYYY

Family Physician: _____

Referring Physician: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

OHIP Billing # _____

Stamp

Anatomical Area ☒ (NEW OHIP DIRECTIVE LIMITS 1 AREA PER REQUISITION)

☐ Shoulder R L B
☐ Arm R L B
☐ Elbow R L B
☐ Wrist R L B
☐ Hand R L B
☐ Fingers R L B

☐ Hip R L B
☐ Thigh R L B
☐ Knee R L B
☐ Leg R L B
☐ Ankle R L B
☐ Foot R L B

EMG OR ULTRASOUND GUIDED INJECTIONS ARE AVAILABLE

NOTE : All joint-related referrals must be accompanied by relevant imaging (knee x-rays should be standing)

Working Diagnosis or Complaints:

Procedure(s) Requested:

Anticoagulants? N Y DM? N Y AIDS/HepC? N Y Allergy? N Y: _____

Authorized Signature

Date