



# MEDICAL DAY CLINIC REFERRAL

Fax: 613-392-1533

Phone: 613-969-7400 Ext 5106 (TMH) & 2428 (BGH)

**Site cannot be guaranteed. Indicate preferred clinic location**

Mon/Tues/Thurs: 0800 – 1600 hours Belleville General Hospital 265 Dundas Street East, Belleville, ON K8N 5A9	Wed/Fri: 0800 – 1600 hours Trenton Memorial Hospital 242 King Street, Trenton, ON K8V 5S6
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Date: DD/MM/YYYY \_\_\_\_\_ Triage Level:  Urgent (1-4 days)  Standard (>1 week)

Patient Demographics:  Male  Female Age: \_\_\_\_\_ Code Status: \_\_\_\_\_

Last Name:	First Name:
Health Card #	Date of Birth (DD/MM/YYYY)
Telephone Number:	Address:
City:	Postal Code:
Primary Diagnosis:	
Secondary Diagnosis	Allergies:

Procedure/Treatment	Quinte Health Order Set Required	Orders Required
PRBC Blood Transfusion	X	<b>Quinte Health Order Set Required</b>
Platelets		Attach separate order
FFP		Attach separate order
IVIG	X	<b>Quinte Health Order Set Required</b>
Iron Sucrose and Monoferric)	X *Send Copy of Prescription to MDC*	<b>Quinte Health Order Set Required</b>
Therapeutic phlebotomy <b>Send weekly lab results as received in office</b>	X	<b>Quinte Health Order Set Required</b>
Paracentesis		Attach separate order
Pamidronate		Attach separate order
Magnesium		Attach separate order
Calcium		Attach separate order
IV antibiotics		Attach separate order
Other: (Attach separate order)		

**\*\* Please ensure all supporting documentation is provided at the time of referral: current lab results,**

**MOHLTC forms, order, consent and current medication\*\*\***

**\*\*\* Include instructions for Life Labs to fax results to MDC 613-392-1533**

Referring Physician (please print)	Phone:
Referring Physician Fax:	
Referring Physician Medical Day Clinic credentialed: <input type="checkbox"/> YES <input type="checkbox"/> NO	