

**University Health Network**

**DEPARTMENT OF PLASTIC & RECONSTRUCTIVE SURGERY**

**\*FOR URGENT REFERRALS CONTACT PHYSICIAN DIRECTLY\***

**200 Elizabeth Street Toronto, ON M5G 2C4**

**Fax: 416-340-4403**

Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Select a Surgeon:** |  |
| Dr. Stefan Hofer | T: 416 340 3449 |
| Dr. Toni Zhong | T: 416 340 3858 |
| Dr. Anne O’Neill | T: 416 340 3143 |
| Dr. Siba Haykal | T: 416 340 4327 |
| Next Available Plastic Surgeon | F: 416 340 4403 |

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| **Patient Information:** |  |
| Name: |  |
| DOB: |  |
| HC #: |  |
| Tel: |  |
| Address: |  |

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| **\*\*CLINICAL INFORMATION REQUIRED\*\* (Please include as much information as possible and FAX A COPY OF THE LAST CONSULTATION/CLINCAL NOTE & REPORTS RELATING TO PATIENT’S BREAST HISTORY/DIAGNOSIS)** | | | |
| **Reason for Consultation:**  Newly diagnosed breast cancer requiring immediate breast reconstruction  Other types of immediate breast reconstruction (gene positivity, etc.)  Delayed breast reconstruction  Breast reconstruction revision  Partial breast reconstruction  Second opinion  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Diagnosis:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Patient Informed of Diagnosis?**   Yes  No | **Diagnostic Imaging/Reports:** | |
| X-ray  CT  MRI  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ultrasound  OR notes  Pathology |
| **Interpreter Services Requested?**  No Yes: please specify patient’s primary language:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Patient Has Also Been Referred To:**    Medical Oncology  Radiation Oncology  Surgical Oncology  A separate referral must be sent for each additional service requested | |

Please indicate any pertinent clinical information (Example. Previous radiation/chemotherapy/surgeries):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_ Signature: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_