

# FRACTURE CLINIC Referral Form

Dr Giuseppe Costa, MD, FRCSC Orthopaedic Surgeon

**FRACTURE CLINIC and/or SPLINT/CAST/BRACING**

4600 Highway 7, Suite LL30

Woodbridge On L4L 4Y7

**Tel / Booking: 416-462-0064**

**Fax Referral: 416-781-1910**

Date:	<input type="checkbox"/> M <input type="checkbox"/> F
Patient Name:	DOB:
Address: DD/MM/YYYY	
Phone:	HC#:

Reason for Consultation    Circle One or More:

Nonoperative fracture    and/or

Splint/Cast/Brace

Wrist

Thumb Spica

Metacarpal

Ankle

Foot / Toe

Shoulder

Elbow

Knee

Custom ACL

Signature: _____	Billing # _____
Referring MD:	
Phone/Fax	

Fracture Clinic Use Only

Appt Time/Date:

Patients are seen  
in less than 1 week.