

THE SCARBOROUGH

CHRONIC PAIN AND MIGRAINE CLINIC

Please Indicate if your clinic is affiliated with FHO FHT FFS

Date: _____

PATIENT INFORMATION

Patient name: _____ Date of birth: _____

Address: _____

Home No: _____ Cell No: _____

OHIP No: _____

REFERRING PHYSICIAN

Dr: _____ Billing # _____

Tel No: _____ Fax No: _____

REASON FOR REFERRAL

- Chronic Neck Pain
- Chronic Lower Back Pain
- Chronic Migraines
- Whiplash Injuries
- Epidural
- Other:
- Arthritis of the Neck and Lower Back
- Cervical and Lumbar Radiculopathy
- Chronic Conditions Related to Arms and Legs
- Fibromyalgia

INTERVENTIONAL PAIN SPECIALIST

- Dr. Khal Efala MD, FRCSC (Orthopedic Surgeon)
- Dr. Ken Fern MD, FRCSC (Orthopedic Surgeon)
- Dr. Pervez Ali MD, FRCSC (Orthopedic Surgeon)
- Dr. Gilbert Yee MD, FRCSC (Orthopedic Surgeon)
- Dr. Munir Muhsin MD (Pain Specialist)
- Dr. Lou Fraser MD (Anesthesiologist)
- First Available Physician

PLEASE FAX REFERRALS TO 416-412-0101. PLEASE BE SURE TO INCLUDE ALL RELEVANT/RECENT IMAGING REPORTS.

IMAGING CD/PICTURES ARE PREFERRED BUT NOT REQUIRED

PLEASE NOTE IN ORDER TO BOOK PATIENT IN A TIMELY MANNER - ADDITIONAL INFORMATION MAY BE REQUIRED.

WE WILL CONTACT THE PATIENT DIRECTLY TO BOOK AN APPOINTMENT.

105-1939 Kennedy Road, Scarborough, ON M1P 2L9

TEL: 416-412-0505 | FAX: 416-412-0101

thechronicpainandmigraineclinic.com