



OTTAWA ORTHOPAEDIC HAND & WRIST GROUP

Dr. Braden Gammon, MD MSc FRCSC
Orthopaedic Surgeon, Hand & Wrist
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Dr. Manisha Mistry, MD MSc FRCSC
Orthopaedic Surgeon, Hand & Wrist
Assistant Professor
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ELECTIVE/SUBACUTE REFFERALS ONLY

Urgent hand referrals/acute injuries should be discussed with TOH Hand Surgeon on Call to arrange timely access to care. Referrals for acute wrist/carpal injuries can be faxed to the Civic Plaster Clinic (F: 613-761-4463)

REFERRAL FORM

PATIENT INFORMATION:

Surname: _____ Given Name(s): _____
Date of Birth: _____ Sex: M F Health Card# _____ Version Code: _____
Address: _____ City: _____ Postal Code: _____
Home Phone: _____ Alternate Phone: _____ Email: _____

REFERRING PHYSICIAN INFORMATION:

Physician Name: _____ Billing Number: _____
Address: _____ City: _____ Postal Code: _____
Phone: _____ Fax: _____ Signature: _____

REFERRAL INFORMATION:

Date of Referral: _____
Date of Injury/Presentation of Symptoms: _____
Reason for Referral: *(Please attach all relevant imaging and reports and patient medical history)*

REQUESTED PHYSICIAN: ___ Next Available ___ Dr. Braden Gammon (613-761-5339) ___ Dr. Manisha Mistry (613-761-4661)

****Note:** referrals faxed to either office will be placed in a common triage pool and allocated to the next available surgeon unless otherwise specified. Please indicate reason for specific surgeon (eg: previous patient).

REFERRAL TRIAGE: *(to be filled by office)*

Accepted Declined

Comments: _____

Estimated Time to Consultation: _____ Surgeon: Dr. B. Gammon Dr. M. Mistry