

OTTAWA SOUTH RESPIROLOGY CONSULTANTS  
1935 Bank Street, Suite 5  
Ottawa, ON  
K1V 8A3

**BANK MEDICAL CENTRE**  
**Phone: (613) 521-2391 Ext 150**  
**Fax: (613) 521-5443**  
**www.bankmedicalcentre.com**

**Referral Date:**

**REFERRAL INFORMATION**

- **Fax referral to Ottawa South Respiriology Consultants** with a legible copy of the ED Record
- The Centre will call the patient with an appointment date/time.

**INDICATE CLINIC (ENSURE APPROPRIATE DIAGNOSTIC TESTS ARE ATTACHED)**

Referral for Dr:

**Dr. Robert Rivington**

**Dr. Bernard Chrysler**

**PATIENT INFORMATION**

Last Name:

First Name:

Birth Date:

Primary Phone No.: (     )

Alternate Phone No.: (     )

OHIP No.:

**PATIENT  
DEMOGRAPHIC  
STICKER**

**Referral Reason:**

**Relavant History:**

Pulmonary Function/Spirometry (PFTs)

Arterial Blood Gases (ABGs)

Chest CT scan

Cardiac investigation

Chest x-rays

Other Reports

**REFERRING PHYSICIAN**

Referring Physician (print):

Telephone:

Registration#

Fax:

Signature

**URGENCY**

Urgency:

Stat

High Priority

Routine

Other:

Please Specify:

**Doctor's office fax all documents to 613-521- 5443**

**If you have any questions please call 613-521- 2391 EXT 150**

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