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**DR. IVAN SHCHERBATYKH, MD, CCFP, MPH**

**~ GP FOCUSED PRACTICE IN SPORTS MEDICINE ~**

## REFERRAL FOR JOINT ASSESSMENT & INJECTION

**Patient ID (affix label):**

DOB:

ADDRESS, PHONE:

HEALTH CARD NUMBER:

PRIVATE INSURANCE:  YES  NO

**REFERRING MD NAME (label or stamp):**

REFERRAL DATE: \_\_\_\_\_

ADDRESS, PHONE, FAX: \_\_\_\_\_

BILLING NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PATIENT'S LABEL HERE:**

**PHYSICIAN LABEL/STAMP HERE WITH BILLING NUMBER:**

**REASON FOR REFERRAL:**

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

- Joint/MSK assessment and injection** (provide details on the side) eg, thumb/wrist, shoulder, hip, knee, ankle, toe; RC tear, etc
- Injection of hip joint, other joints, tendons or bursa under U/S guidance**
- Viscosupplementation injection** (knee/shoulder/hip arthritis) with NeoVisc, Synvisc, Durolane, Cingal, or other gels
- Consult for Platelet Rich Plasma (PRP) therapy and injection of tendon, ligament or joint**
- Other:** please provide a separate referral letter

**IMPORTANT COMORBIDITY →**

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

**Medications (OR ATTACH LIST) →**

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

**ALLERGIES →**

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

**IMAGING REPORTS (ATTACH PLEASE)**

**PATIENT'S PHARMACY →**

\_\_\_\_\_