



Charing Cross Joint Injections Clinic

124 Charing Cross Street, Brantford, ON

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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

PATIENT'S LABEL HERE:

REFERRING MD NAME (stamp/label):

REFERRAL DATE: _____

ADDRESS, PHONE, FAX: _____

BILLING NUMBER: _____

SIGNATURE: _____

PHYSICIAN LABEL/STAMP HERE WITH BILLING NUMBER:

REASON FOR REFERRAL:

DETAILS: _____

Joint assessment and injection (provide details on the side)

Injection of hip joint/other joint, 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 →

IMPORTANT COMORBIDITY →

ASSESSMENTS IN OUR CLINIC DO NOT AFFECT FHO OR GP BILLINGS