



**GENERAL INTERNAL MEDICINE (GIM)  
OUTPATIENT CLINIC REFERRAL**

Patient Label

**BIRCHMOUNT** 3030 Birchmount Road  
Scarborough, ON M1W 3W3  
Phone: 416-495-2465  
Fax: 416-495-2420

**CENTENARY** 2867 Ellesmere Road  
Scarborough, ON M1E 4B9  
Phone: 416-281-7299  
Fax: (416) 281 7384



847197

Request Date: \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_

Patient to be seen within:  Urgent  Routine  In person  Virtual

Requested Consultation Physician Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*(Please CC. all reports to Family Physician)*

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

Attachments: \_\_\_\_\_

**Please Note:** Patients can obtain information regarding their appointment and detailed instructions by calling centralized patient scheduling at (416-431-8167).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Physician Name and Billing#)