



Patient Information

**PAEDIATRIC OUTPATIENT CLINICS
REFERRAL FORM**

Please FAX this referral form to (416) 242-1095

- Asthma
- Allergy
- Cardiology
- Endocrinology
- Gastroenterology
- Neonatal Follow-up
- Orthopaedic
- RSV
- General Surgery
- Neurology

Reason for Referral: _____

Referring Physician (Print Name) _____

Physician Signature _____

Date _____

**PAEDIATRIC OUTPATIENT CLINICS
HUMBER RIVER HOSPITAL
1235 Wilson Avenue, 4th Floor, Toronto, ON M3M 0B2
PHONE: (416) 242-1000 EXT. 21400**