MEDPOINT
HEALTH CARE CENTRE

Cancer Survivorship Program

Phone: 519-432-1919

www.medpoint.ca

Hospital/Patient Imprint Demographics (if applicable)

FAX REFERRALS TO: 519-432-9529

Date: _____

Patient Name: _____

Diagnosis: _____

Referring Physician: _____

Reason for Referral and Comments:

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NOTE: If possible please send a copy of the last available Progress Note and Initial Consultation Note should accompany the referral