Sinai Health | Marvelle Koffler Breast Centre

# Breast – Surgical Oncology Referral Form

FOR URGENT REFERRALS CONTACT PHYSICIAN DIRECTLY

1266 – 600 University Avenue
Toronto, Ontario, Canada M5G 1X5



**Affix Patient Label**

Please indicate if you would like an appointment with the next available surgeon or Practitioner:

**BREAST SURGICAL ONCOLOGISTS**

☐ **Next available** **OR** **Fax: 416-586-8847**

| | | |
|---|---|---|
| ☐ **Dr. Andrea Covelli** | **Phone: 416-586-4800 ext. 5164** | |
| ☐ **Dr. Alexandra Easson** | **Phone: 416-586-4800 ext. 5163** | **Fax: 416-586-8847** |
| ☐ **Dr. Joanna Ryan** | **Phone: 416-586-4800 ext. 4793** | |
| ☐ **Dr. Wey Leong** | **Phone: 416-946-2992** | **Fax: 416-946-4429** |

**Is this referral a second opinion?** ☐

**BREAST DIAGNOSTIC CLINIC**

☐ **Dr. Muna Al-Khaifi (General Practitioner Oncologist)** **Phone: 416-586-4800 ext 5163** **Fax: 416 586-8847**

**BREAST RECONSTRUCTION SURGERY**

☐ **Dr. Anne O'Neill** **Phone: 416-340-3143** **Fax: 416-340-4403**

## PATIENT INFORMATION

| | | | |
|---|---|---|---|
| Last name: | First name: | Date of Birth: ( YYYY MM DD ) | |
| Health card # | Version: | | |
| Street Address: | City: | Province: | Postal Code: |
| Best phone: | Alternative phone: | | |
| Interpreter services required: | Any special physical needs: | | |

## * REQUIRED CLINICAL INFORMATION *

Please include all relevant information and FAX appropriate clinical notes and reports. **CHECK LIST** provided below ☐

☐ Pathology reports
☐ Tumour marker reports
☐ Most recent clinic/consult note
☐ Diagnostic imaging reports

****PATIENT MUST BRING ALL IMAGES ON A CD / OR DIGITAL ACCESS CODE****

| **Reason for consultation:** | **Diagnosis:** |
|---|---|
| | Has the patient been informed of Diagnosis?<br>☐ YES<br>☐ NO |

C300

## REFFERING PHYSICIAN INFORMATION

| | | |
|---|---|---|
| Referring Physician: | | Referral date: |
| Billing# | Office Phone: | Fax: |
| Office address: | | |

**White Original ➔ Clinical Chart**