island he	ealth	
URGENT ACCESS CLINIC 3 – PLASTICS REFERRAL FORM		
ER or office staff instructions: Hours: Mon 1200-1600/Thurs 0800-1200 Fax original completed form to: 250-370-8476 Give copy to patient.		
PATIENT NAME:		PHN:
DISCUSSED WITH PLAS	STIC SURGEON: Dr	
		discusses a consult with the Plastic Surgeon. with the on call Plastic Surgeon**
Date and time notified:		
REQUESTING PHYSICIA	AN:	
PROVISIONAL DIAGNOSIS:		(MSP number)
REASON FOR REFERRA	AL:	
PLASTIC SURGEON:		
	Dr. S. Djurickovic Dr. R. Morley	250-592-5510 250-592-5510
	Dr. J. Gray	
	Dr. C. White	
	Dr. C. Taylor	
	Dr J Robinson	250-590-7097
DATE and TIME OF APP	OINTMENT*:	
LOCATION OF APPOINT	MENT:	
	Royal Jubil 1952 B	agnostic & Treatment Centre* lee Hospital Bay St. -370-8619
FOR APPOINTMENT CA	NCELLATIONS PLEASE	CALL: 250-370-8111 (ext 3152) or 250-370-8619
		or the use of the individual or entity named above. y us by telephone and return the original to us at the above