

PHYSIATRY

DR IDA CAVALIERE, MD, FRCPC, CSCN DIPLOMAT (EMG)

345 Lakeshore Road East, Suite 302 Oakville, ON L6J 1J5

Phone: 905-842-2888 | Fax: 905-842-5316 | Email: info@oakvillephysiatry.com

MSK/Physiatry Consult Requisition

PATIENT INFORMATION Full Name: _____ D.O.B.: ___/___ (mm/dd/yyyy) Gender: () M () F ()Other: _____ Health Card:_____ Address: Phone (H): _____ Phone (C): ____ Phone (W): ____ HISTORY WSIB () Claim #:_____ MVA () Date of MVA:_____ **REASON FOR REFERRAL** () MSK/Physiatry Consultation () NCS/EMG & Consultation () U/S Guided Injection Has any Diagnostic Imaging been completed? () Yes () No () Ordered () X-RAY () U/S () MRI () CT () Other: _____ Referring Physician: Referring Physician Signature: Billing #:_____ Date: ___/___

PLEASE FAX SIGNED & COMPLETED FORMS TO: 905-842-5316

Patients will be booked with the first available physiatrist.