



MEDICAL DAY CLINIC REFERRAL

Fax: 613-392-1533
Phone: 613-969-7400 X
5106(TM) & 2428(BG)

Site cannot be guaranteed. Indicate preferred clinic location.

Mon/Tues/Thurs: 0800-1600hrs
Belleville General Hospital
265 Dundas Street East Belleville, ON K8N 5A9

Wed/Fri: 0800-1600 hrs
Trenton Memorial Hospital
242 King Street, Trenton ON K8V 5S6

Date: DD/MM/YYYY _____ Triage Level: Urgent (1-4 days) Standard (>1 wk)

Patient Demographics: Male Female Age: _____ Code Status: _____

Last name:	First Name:
Health Card #:	Date of Birth: (DD/MM/YYYY)
Telephone number:	Address:
City:	Postal Code:
Primary Diagnosis:	
Secondary Diagnosis: Allergies:	

Procedure/Treatment	QHC Order Set Required	Orders Required
PRBC Blood Transfusion	x	QHC Order Set Required
Platelets		Attach separate order
FFP		Attach separate order
IVIG	x	QHC Order Set Required
Iron Sucrose	x	QHC Order Set Required
Therapeutic phlebotomy <input type="checkbox"/> Send weekly lab results as received in office	x	QHC Order Set Required
Paracentesis		Attach separate order
Pamidronate		Attach separate order
Magnesium		Attach separate order
Calcium		Attach separate order
IV antibiotics		Attach separate order
Bone Marrow Aspiration (TM ONLY)		Attach separate order
Other: (Attach separate order)		

**** Please ensure all supporting documentation is provided at the time of referral: current lab results, MOHLTC forms, order and current medication list *****
***** Include instructions for Life Labs to fax results to MDC 613-392-1533**

Referring Physician (please print) _____ Phone: _____

Referring Physician Fax: _____

Referring Physician Medical Day Clinic credentialed YES NO

QHC # 645

Revision date: Nov 2020