



Dr. Anil Dalvi and Dr. Matt Mosseler  
40 Hillside Drive, Unit 204  
Georgetown ON L7G 4W4  
Phone: 905-702-2629 Fax: 905-702-5225  
[info@georgetowngeneralsurgery.com](mailto:info@georgetowngeneralsurgery.com)

### REFERRAL TO GEORGETOWN GENERAL SURGERY

Our office is located in the Georgetown Medical Center (located on the Georgetown Hospital Campus, East of Hospital)  
40 Hillside Drive, Suite 204  
Georgetown, ON L7G 4W3

T: 905-702-2629  
F: 905-702-5225  
[info@georgetowngeneralsurgery.com](mailto:info@georgetowngeneralsurgery.com)

### REASON FOR REFERRAL (please include relevant medical reports)

**Reason for consultation/specific symptom:**

**Please include a list of patient medical history, medications, allergies, and investigations including relevant blood work and imaging:**

### PATIENT INFORMATION (or label)

**Name:** \_\_\_\_\_  
Last First

**Date of Birth:** \_\_\_\_\_  Male  Female  Other  
DD/MM/YYYY

**Address:** \_\_\_\_\_  
Street# Street Name City Province Postal Code

**Phone:** \_\_\_\_\_ **Alternate:** \_\_\_\_\_

**OHIP number:** \_\_\_\_\_  
10 digit number and version code

### REFERRED BY (or stamp)

**Name:** \_\_\_\_\_

**Physician billing number:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### PLEASE FAX REFERRAL TO

**Georgetown General Surgery**  
Please **FAX** referrals to 905-702-5225