



Department of Surgery  
DIVISION OF ORTHOPAEDIC  
SURGERY

Département de chirurgie  
DIVISION DE CHIRURGIE  
ORTHOPÉDIQUE

OTTAWA ORTHOPAEDIC HAND & WRIST GROUP

**Dr. Braden Gammon, MD MSc FRCSC**  
Orthopaedic Surgeon, Hand & Wrist  
Assistant Professor  
Administrative Assistant: Erin Bisson  
☎ 613-798-5555 x13263  
☎ 613-761-5339  
ebisson@toh.ca

**Dr. Manisha Mistry, MD MSc FRCSC**  
Orthopaedic Surgeon, Hand & Wrist  
Assistant Professor  
Administrative Assistant: Laurie-Ann Poulsen  
☎ 613-798-5555 x15168  
☎ 613-761-4661  
lpoulsen@toh.ca

REFERRAL FORM

PATIENT INFORMATION:

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: M F Health Card# \_\_\_\_\_ Version Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

REFERRING PHYSICIAN INFORMATION:

Physician Name: \_\_\_\_\_ Billing Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Signature: \_\_\_\_\_

REFERRAL INFORMATION:

Date of Referral: \_\_\_\_\_  
Reason for Referral: *(Please attach all relevant imaging and reports and patient medical history)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED PHYSICIAN: Next Available Dr. Braden Gammon (F:613-761-5339) Dr. Manisha Mistry (F: 613-761-4661)

\*\*Note: referrals faxed to either office will be placed in a common triage pool and allocated to the next available surgeon unless otherwise specified. Please indicate reason for specific surgeon (eg: previous patient).

REFERRAL TRIAGE: *(to be filled by office)*

Accepted Declined

Comments: \_\_\_\_\_  
\_\_\_\_\_

Estimated Time to Consultation: \_\_\_\_\_ Surgeon: Dr. B. Gammon Dr. M. Mistry