



Winchester
District
Memorial
Hospital

patient label

566 Louise Street, Winchester, ON K0C 2K0
Tel: 613-774-2420 X 6318
Fax: 613-774-7206
Website: www.wdmh.on.ca

Date of referral:

Respirology Referral Form

Patient Information

Physician Information

First Name	Last Name	Name	Address
Home	Phone	Phone	Fax
		Signature	
OHIP	Version Code	M F Sex	Date of Birth

REASON FOR REFERRAL:
(Attach written consult, if available)

Urgent

Semi -Urgent

Elective