ROTH | McFARLANE
HAND & UPPER LIMB CENTRE
ST. JOSEPH'S HEALTH CARE LONDON

# Elective Referral Form

Roth | McFarlane Hand and Upper Limb Centre
St. Joseph's Hospital
268 Grosvenor St.
London, ON N6A 4V2
**Fax: 519-646-6049**

**PATIENT INFORMATION**

Surname:_____ Given Name:_____ Email:_____

Date of birth (YYYY/M/D):_____ Gender: _____

Health card number:_____ Version Code:_____ WSIB number:_____

Address:_____ City:_____ Postal Code: _____

Home Phone:_____ Alternate:_____ Date of referral (YYYY/M/D):_____

Translator Required Language: _____

**REFERRING PHYSICIAN/FACILITY INFORMATION**

Physician Name:_____ Physician Number: _____

Address:_____ City:_____ Postal Code:_____

Phone:_____ Fax:_____ Signature:_____

Date of injury (YYYY/M/D): _____

Presenting complaint/nature of injury: _____

Attach supporting clinical documentation/investigation: **(Or access to online imaging e.g. Pocket Health)**

Relevant medical history: _____

**Treatment to date**:

**Special needs/disabilities**:

**PHYSICIAN REQUESTED** *(Select ONE physician below for your referral to be processed.)*

## Surgeons:

- ☐ **George Athwal MD, FRCSC** – Shoulder, elbow; Phone: 519-646-6081
- ☐ **Yousif Atwan MD, MSc, FRCSC** – Shoulder, elbow; Phone: 519-646-6041
- ☐ **Spencer Chambers MD, MSc, FRCSC** - Wrist, hand; Phone: 519-646-6276
- ☐ **Darren Drosdowech MD, FRCSC** – Shoulder; Phone: 519-646-6047
- ☐ **Ken Faber MD, MHPE, FRCSC** – Shoulder, elbow; Phone: 519-646-6312
- ☐ **Ruby Grewal MD, MSc, FRCSC** – Wrist, hand; Phone: 519-646-6286
- ☐ **Assaf Kadar MD**- Wrist, hand; Phone 519-646-6294
- ☐ **Graham King MD, MSc, FRCSC** – Elbow, wrist; Phone: 519-646-6011
- ☐ **Marie-Eve LeBel MD, MHPE, FRCSC** - Shoulder Phone: 519-646-6153
- ☐ **Eric Mitchell MD, MSc, FRCSC** - Wrist, hand, nerve injuries; Phone: 519-646-6330
- ☐ **Olawale Sogbein MD, MSc, FRCSC** – Shoulder, Elbow; Phone: 519 646-6220
- ☐ **Carlos Prada MD, MSc, FEBHS** – Wrist, hand; Phone: 519-646-6063
- ☐ **Stahs Pripotnev MD, FRCSC** - Wrist, hand, nerve injuries; Phone: 519-646-6424
- ☐ **Tanis Quaife MD, FRCSC** - Wrist, hand, nerve injuries; Phone: 519-646-6007

## Non-Operative Referrals:

- ☐ **Hussein Ataie MD, CCFP (SEM)** -Shoulder, elbow, wrist, hand; Phone 519-646-6081
- ☐ **Tarek El-Chabib, MD, CCFP (SEM)** – Shoulder; Phone: 519-646-6095
- ☐ **Fahim Merali MD, CCFP (SEM)** – Shoulder, elbow, wrist, hand; Phone: 519-646-6047
- ☐ **Joo Yoon MD, CCFP (SEM)** – Shoulder, elbow, wrist, hand; Phone: 519-646-6279

## Fax elective referrals to the Roth | McFarlane Hand and Upper Limb Centre at 519-646-6049

## All surgeons treat upper extremity trauma. Fax urgent trauma referrals to 519-646-6030

PLEASE ADVISE THE PATIENT TO REVIEW ST. JOSEPH'S WEBSITE FOR MORE INFORMATION www.sjhc.london.on.ca/areas-of-care/roth-mcfarlane-hand-and-upper-limb-centre-hulc.