

Getting you back to life

LONDON PHYSICAL THERAPY CLINIC

1408 Ernest Ave, London, ON N6E 3B2

PHONE: 519 433 6713 FAX: 519 433 6186



REFERRAL Form

Please fill out and email to info@londonphysicaltherapyclinic.com or fax: 519 433 6186

PATIENT INFORMATION

First Name: Last Name

Phone Email

Diagnosis:

Relevant History, X-Ray Findings & Surgical Procedures

Treatment At Physiotherapist's direction
 Specific _____

Select: OHIP EHC PRIVATE WSIB M.V.A.

PHYSICIAN INFORMATION

Referring Doctor: Phone:

Signature: OHIP Billing #:

For prompt treatment for your patient, please list OHIP Billing #.

THANK YOU FOR YOUR REFERRAL

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