



Canadian Vein Institute

www.canadianveininstitute.ca

M. Saunders MD, FRCSC	MEDICAL DIRECTOR
A. Ben Musa MD, FRCSC	Cardiac Surgery
R. Jhirad MD, FRCSC	Vascular Surgery
D. Keith Louis MD, FRCSC	Vascular Surgery
J. Orr MD, FRCSC	Vascular Surgery
M. Guirgis MD, FRCSC	Vascular Surgery

1370 Dundas St. E., Suite 206
Mississauga, ON L4Y 4G4
Tel. (905) 306-9229
Fax (905) 306-7607



REFERRAL FORM FOR CLINICAL CONSULTATION

PATIENT'S NAME _____ D. O. B. _____

OHIP # _____ TEL# _____

CLINICAL INFORMATION

- LEG PAIN / SWELLING / DISCOLORATION
- VARICOSE / SPIDER VEINS
- LEG ULCER
- PVD
- OTHER _____

SIGNIFICANT HEALTH ISSUES _____

REFERRING DOCTOR _____

BILLING # _____ TEL. # _____

ADDRESS: _____ FAX# _____

Bring loose fitting shorts to be examined in