MEDICUS THERAPEUTICS

Dr. Dharm Hayre
MSP #: 64887

Ultrasound Guided
Interventional Medicine

Patient Information

Last Name:		First Name:			
DOB:	Gender:	PHN:			
Phone:	Alt Phone:	Address:			
Email:		City, Postal Code:			
Family Physician (if different than referrer):		Insurer:	☐ MSP	☐ WCB	☐ ICBC
Patient Medical History:		Allergies:			

Referrer Information

Name:	MSP #:
Phone:	Address:
Fax:	City, Postal Code:

Referral Information

Referral Date:

Referring / Provisional Diagnosis:

Reason for referral:	☐ Specific procedure requested (Please specify)		☐ Assess / Treat as appropriate	
Relevant Imaging: (Please include copies)	☐ Xray	☐ CT Scan	☐ Ultrasound	☐ Other

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