



NEW DAWN MEDICAL

SUBSTANCE USE, ALCOHOL ADDICTION, PAIN, SPECIALTY & WALK-IN CLINICS

Chronic Pain* Opioid Dependency *Addictions* Alcohol

PHONE: 833-456-DAWN (3296) FAX: 647-699-8788

ONTARIO LOCATIONS

- | | | | | |
|--|--------------------------------------|---------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Belleville | <input type="checkbox"/> Bowmanville | <input type="checkbox"/> Brampton | <input type="checkbox"/> Cambridge | <input type="checkbox"/> Cobourg |
| <input type="checkbox"/> Courtice | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Kitchener | <input type="checkbox"/> Kingston | <input type="checkbox"/> London |
| <input type="checkbox"/> Niagara Falls | <input type="checkbox"/> Oshawa | <input type="checkbox"/> Peterborough | <input type="checkbox"/> Pickering | <input type="checkbox"/> Sarnia |
| <input type="checkbox"/> Scarborough | <input type="checkbox"/> Toronto | <input type="checkbox"/> Windsor | | |

Dr. Calvin Chan MD, CCFP Dr. Neil D'Souza MD, CCFP Dr. Rahim Haji MD, CCFP

Dr. Lotar Nunez MD, CCFP Dr. David D'Souza MD, CCFP Dr. Wilfrid Chan MD, CCFP

Dr. Joseph Scanlon MD, CCFP Dr. Matthew Stefanoff MD, CCFP Dr. Calorine You MD, CCFP

Referral Date: _____

PATIENT INFORMATION:

Name: _____ Date of Birth: _____

OHIP #: _____ Tel: _____

Address: _____

REFERRING PHYSICIAN:

Dr. _____ Billing#: _____

Tel: _____ Fax: _____

REASON FOR REFERRAL (may select multiple):

Chronic Pain Opioid Dependency Addiction Alcohol

Clinical History/Other _____

Are you a member of a FHO/FHT/FHN? Yes No

ONCE COMPLETED PLEASE RETURN BY FAX TO: (647) 699-8788

We will then contact the patient directly

www.newdawnmed.com