



Psychiatry Referral

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LOCATIONS

- 100A-111 Simcoe Street North, Oshawa, ON L1G 4S4
- 101-1939 Kennedy Road, Scarborough, ON M1P 2L9
- Home OTN

Date: _____

Patient Information:

Patient Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Health Card Number: _____

Referring Physician:

Physician: _____ Billing Number: _____

Office Phone: _____ Office Fax: _____

Reason for Reason:

Clinical History/Other: _____

Please fax referral to (647) 699-8788
We will contact the patient directly
www.newdawnmed.com