Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

MEDICAL URGENT CARE CLINIC REFERRAL

Patient Referral Form

Telephone: 905-883-1212 Ext. 2064 **Fax:** 905-883-0772

Patient Label here

Patient Information

Last Name:	First Name:	
Address:		
City:	Province:	Postal Code:
Home Number:	Business Number:	Other:
Email Address:	Date of Birth:	dd/mm/yyyy
Health Card Number:	Version Code:	

Referring Physician Information

Referring Physician:	Referring Billing Number:	
Address:		
City:	Province:	Postal Code:
Office Number:	Fax Number:	

Referral Information

Community Referral to: ☐ Internist ☐ MackenzieHelps

Reason for Referrals: (please include applicable labs, diagnostics, etc.) _____

_____

_____

☐ Routine ☐ High Priority

If High Priority, reason: _____

_____

For MackenzieHelps Referrals

MH Representative/Coordinators: _____

Last Discharging MD: _____

Appointment Information:

- Patient to take medication as normal and bring all with them
- Patient to bring health card
- Patient to arrive 20 minutes prior to appointment
- Patient to check in using our self-serve kiosks, located in Patient Registration Level 2, C Wing
- Please allow for approximately 2 hours for your entire assessment
- If you are unable to keep your appointment, please notify us 24 hours prior to the appointment so that we may schedule another patient

MackenzieHelps