

REFERRAL FORM

Dr. Luke Harris MD FRCS
Otolaryngology/Head and Neck Surgery
Practicing in Facial Plastic Surgery

Referring Physician Information

Referring MD		OHIP #	
Phone #		Fax #	

Patient Information

Name			
OHIP #		DOB	
Address			
Home phone #		Cell #	

Medical Information

Reason for referral:	
Medications:	

Please check below if applicable:

previous CT/MRI of sinuses, neck, or temporal bone (patient to please bring if not done at NBRHC)

previous ENT/head and neck surgery

previous audiogram (patient to please bring a copy)

Location: 1833 Cassells Street, North Bay, ON, P1B 4C8

Web: www.doctorharris.ca

Fax/Phone information to follow