Meditecs
Independent Medical Examinations

6B-509 Wilson Avenue, Kitchener Ontario N2C 2M4
Tel. 647.977.5052 / 226.600.6627 Fax. 226.647.0759
Email: info@meditecs.ca

Referral Form

Patient Information:
Patient Name: (First Last)
Claim Number:
Date of Disability/Illness:
Date of Birth:
Address: (Street, City, Postal Code)
Gender: ☐ Male ☐ Female
Legal Firm Name:
Legal Rep:
Legal Phone and Fax:

Referral Information:
Name:
Company:
Telephone:
Fax/Email:
Company Address:

Service Requested:

☐ In Person Examination ☐ File Review ☐ Other, please specify:_____

Specialties Requested: (check all that apply)		
	☐ Chiropractic ☐ Chronic Pain Assessment ☐ Functional Capacity Evaluation ☐ In Home Assessment ☐ Job / Work Site Analysis ☐ Massage Therapy ☐ Neurology ☐ Neuropsychology	☐ Orthopaedic ☐ Physiatry ☐ Physician (GP) ☐ Physiotherapy ☐ Psychology ☐ Other: _____
Purpose of Referral/Examination:		
Scheduling requests:		
Medical documents to be provided By: ☐ Mail ☐ E-mail / Online ☐ Fax		
Special Needs (i.e. wheelchair access):		

Interpreter Required: ☐ NO ☐ YES, Language: _____ **Transportation:** ☐ NO ☐ YES

How would you like Meditecs to confirm this request with you? ☐ Telephone ☐ Fax ☐ Email

Should you require assistance, please phone the office at (647-977-5052) or Omar at (226-600-6627)

Please email this form to referrals@meditecs.ca or fax to (226-647-0759)