

TORONTO HEAD & NECK CLINIC

491 Eglinton Ave W

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Toronto, ON, M5N1A8

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TORONTO HEAD & NECK CLINIC REFERRAL FORM

OTOLARYNGOLOGY SPECIALISTS

Dr. Ashlin Alexander

Dr. Dustin Dalgorf

Dr. Michael Brandt

Dr. Xerxes Punthakee

Dr. Nitin Chauhan

Dr. Noah Sands

Dr. James Haight

Dr. Jeff Jumaily

Multiple specialists with short consultation wait times

RAPID ACCESS SPECIALTY CLINIC

Please fax referral to 416.787.1592 or email to info@THNclinic.com, and give copy to patient. Patient to call clinic (416.787.5511) to confirm availability of emergency access appointments.

The ENT Rapid Access Speciality Clinic is a novel initiative aimed at improving patient access to timely specialty care, while reducing wait times and facilitating expedited diagnosis and management. Patients will be seen as soon as the same day of making the referral.

PATIENT INFORMATION (OR LABEL)

Name: _____
Last First

Date of Birth: _____ DD/MM/YYYY Male Female

Address: _____
Street # Street Name City Province Postal Code

Phone: _____ Email: _____

OHIP #: _____
10 Digit # Version Code

REASON FOR REFERRAL (please indicate relevant clinical information in the space provided below):

** PLEASE INCLUDE ALL RELEVANT MEDICAL REPORTS WITH THIS REFERRAL **

REFERRING PHYSICIAN INFORMATION (OR STAMP)

Name: _____ Physician #: _____
Last First

Phone: _____ Fax: _____

Signature: _____ Date: _____
DD/MM/YYYY

THANK YOU FOR YOUR REFERRAL



Head
& Neck

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Hearing
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