



Vascular Health
B R O N T E

2525 Old Bronte Road, Suite 550
Oakville, L6M 4J2
info@vascularhealth.ca
905 825 8272
905 827 2275

Date:

Patient Name:

HCN:

DOB:

Phone:

Address:

Referral for:

- Varicose Veins
- Lymphedema
- Swollen leg
- Peripheral arterial disease
- Aneurysm
- Carotid disease
- Other: _____

Clinical Information:

Is this referral Urgent? Yes _____ No _____

Please kindly attach CPP.

Referring Physician: _____ Fax: _____

CPSO: _____

OHIP Billing: _____

Please fax to 905-827-2275.

Dr David Szalay MD, MEd, FRCSC, RVT
Dr Beverley Chan MD, MSc, FRCSC, RPVI