



MEDICAL REFERRALS

24 Huron Street West, Exeter, ON N0M 1S2

Phone 519-235-2700

Emergency Dept Fax 519-235-4888

Inpatient Fax 519-235-3410

Referral to Physician and/or Clinic: _____

Date of Referral: _____

Urgency: Less than 1 Week 1-2 Weeks Within 4 Weeks Elective

Emergency Hospitalist

Referred by: _____

Reason for Referral:

Referring MD Signature: _____ OHIP Billing # _____

