10D Canadian Forces Dr.
Petawawa, ON
K8H 0H4

147 Pembroke St. W
Pembroke, ON
K8A 5N1

Ph: (613)735-4504
Fax: (613)506-4504
Email: info@helabeauty.org

HELA BEAUTY & MEDICAL REFERRAL FORM

Patient Name:_____	Referral Date:_____MM / DD / YY
DOB:_____ Phone:_____ MM / DD / YY	**Referring Physician/Practitioner Information**
Address:_____	Physician Name: _____
City:_____ Postal Code:_____	Billing #: _____
Email Address:_____	Ph:_____ Fax:_____
OHIP:_____ VC: _____	Signature: _____

Reason for Referral:

- ☐ Consult
  - ☐ Vascular Concern
  - ☐ Dermatological Concern
- ☐ Medical Botox
  - ☐ Migraines ☐ TMJ
  - ☐ Hyperhidrosis (☐ Axilla ☐ Feet ☐ Hands)
- ☐ Telederm
- ☐ Cryosurgery
- ☐ Laser Treatments
- ☐ Podiatry/Foot Care
- ☐ Plastics Consult (Non-OHIP)
  - ☐ Lesion/mole excisions
  - ☐ Cosmetic Surgery
- ☐ Dermal Filler Dissolve
- ☐ Infusion Clinic (Non-OHIP, covered by insurance, VAC, Blue Cross)
  - ☐ Depression/anxiety
  - ☐ PTSD
- ☐ Chronic Pain Clinic Dr. Sanjay Acharya (OHIP)
  - ☐ General consult
  - ☐ Lidocaine/Ketamine Infusion
  - ☐ Injections

Additional Information:

(If referral is for medical botox for migraines please include all previous/current medications for treatment)

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ I have attached additional information/reports and relevant assessments