



NEW DAWN MEDICAL

SUBSTANCE USE, ALCOHOL ADDICTION, PAIN, SPECIALTY & WALK-IN CLINICS

Chronic Pain* Opioid Dependency *Addictions* Alcohol

PHONE: 833-456-3296 FAX: 647-699-8788

ONTARIO LOCATIONS

- | | | | | |
|--|--------------------------------------|---------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Belleville | <input type="checkbox"/> Bowmanville | <input type="checkbox"/> Brampton | <input type="checkbox"/> Cambridge | <input type="checkbox"/> Cobourg |
| <input type="checkbox"/> Courtice | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Kitchener | <input type="checkbox"/> Kingston | <input type="checkbox"/> London |
| <input type="checkbox"/> Niagara Falls | <input type="checkbox"/> Oshawa | <input type="checkbox"/> Peterborough | <input type="checkbox"/> Pickering | <input type="checkbox"/> Sarnia |
| <input type="checkbox"/> Scarborough | <input type="checkbox"/> Toronto | <input type="checkbox"/> Windsor | | |

Dr. Neil D'Souza MD, CCFP

Dr. Rahim Haji MD, CCFP

Dr. Lotar Nunez MD, CCFP

Dr. David D'Souza MD, CCFP

Dr. Wilfrid Chan MD, CCFP

Dr. Joseph Scanlon MD, CCFP

Dr. Matthew Stefanoff MD, CCFP

Dr. Saifuddin Syed MD, CCFP

Dr. Calorine You MD, CCFP

Referral Date: _____

PATIENT INFORMATION:

Name: _____ Date of Birth: _____

OHIP #: _____ Tel: _____

Address: _____

REFERRING PHYSICIAN:

Dr. _____ Billing#: _____

Tel: _____ Fax: _____

REASON FOR REFERRAL (may select multiple):

Chronic Pain

Opioid Dependency

Addiction

Alcohol

Clinical History/Other _____

Are you a member of a FHO/FHT/FHN? Yes No

ONCE COMPLETED PLEASE RETURN BY FAX TO: (647) 699-8788

We will then contact the patient directly

www.newdawnmed.com