



MANITOBA ORTHOPÆDIC
TRAUMA GROUP

DATE _____

PATIENT _____

DOB _____

PHIN NO. _____

Rapid Outpatient Referral

THIS IS A DIRECT BOOKING SYSTEM FOR AMBULATORY PATIENTS WITH ISOLATED FRACTURES. **FOLLOW THE STEPS BELOW:**

- Stamp the patient's information in the top right corner
- Print your name here: DR. _____
- Scan the QR code below on your smartphone or go to <http://motg.ca/appointments/> to book a day and time for your patient:



DATE: _____

TIME: _____ AM / PM

4. This patient was informed that the reason for referral is:

- A second opinion only
- For surgical intervention

5. This patient's fracture is in the following area:

- Shoulder
- Elbow
- Wrist
- Ankle
- Foot

6. Relevant x-rays were taken at the following hospital or clinic:

7. Give this form to the patient to bring to their appointment. They must arrive on time at the following location or their appointment will be canceled.

HSC Hospital
700 William Avenue entrance
"Purple Polar Bear" Zone - Fracture Clinic

