William Osler Health System

Dr. Kashif Irshad
MD MSc FRCSC
William Osler Health System

REFERRAL FORM

Patient's Name | D.O.B.

Health Card # | Phone #

Reason for Referral

- ☐ Lung mass/nodule
- ☐ Gastro-esophageal reflux/Hiatal Hernia
- ☐ Achalasia
- ☐ Other
- ☐ Esophageal Cancer
- ☐ Sympathectomy for Hyperhidrosis
- ☐ Mediastinal Tumour

Relevant Clinical History:

CT Scan of Chest: ☐ Yes ☐ No

Date of CT Scan | Hospital

Referring Physician

Date

Appointment

Date

Time