



JOINT INJECTION CLINIC HENRY MEDICAL CENTRE



195 Henry St Brantford ON N3S 5C9

Phone: 519-752-9999 ~ Fax: 519-752-7992

E-mail: reception@henrymedicalcentre.com Web: www.henrymedicalcentre.com

DR. K M ANISUR RAHMAN MD, CCFP, FCFP

Referral for Joint Assessment & Injection

Patient Information:

Last Name: ----- First Name: -----

DOB: ----- Health Card No.: -----

Address: -----

Phone: ----- Private Insurance: ☐ YES ☐ NO

Referring Physician Information:

Full Name: ----- Referral date: -----

Address: -----

Phone: ----- Fax: -----

Billing Number: ----- Signature: -----

Reason for Referral: -----

- ☐ **Joint/MSK assessment and injection** (provide details on the side) eg, thumb/wrist, shoulder, elbow, hip, knee, ankle, plantar, toe, etc
- ☐ **Injection of all major joints, tendons with tendinosis, tendinopathy, partial tear under U/S guidance**
- ☐ **Visco supplementation injection** (knee/shoulder/hip arthritis) with NeoVisc, Synvisc etc
- ☐ **Consult for Platelet Rich Plasma (PRP) therapy and injection of tendon, ligament or joint as directed**
- ☐ **Other:** please provide a separate referral letter