

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION

MARKHAM STOUFFVILLE HOSPITAL CORPORATION

**EMERGENCY DEPARTMENT
FRACTURE CLINIC REFERRAL**

Markham Site Booking Line: (905) 472-7020
Fax: (905) 472-7078

Hospital MRN #: _____
Patient Name: _____ <small>Last First</small>
Date of Birth: _____ Sex: F M <small>Day Month Year</small>
Health Card # _____ Version Code: _____
Telephone # (Best Daytime): _____
Alternate #: _____

Date: _____	Referring MD _____	Signature _____
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Additional Reports to: _____

Clinical Information and Reason for Referral:

Diagnosis:

Date of Injury: _____

- Fracture Care Acute Musculoskeletal injury Recent Sports Injury
 Paediatric Patient Other (Specify): _____

Case Information *Faxed ED record (Must be included with referral form)*

- Case discussed with On-Call Orthopaedic surgeon: _____
 Message left on ortho extension for special consideration (6153). (Consider ASAP)
 CD of images from outside facility to be brought with patient Sent to be uploaded in PACS

Referring Physician

Billing Number: _____

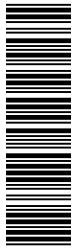
If any concern about requiring operative repair or need for more immediate assessment,
call on-call orthopaedic surgeon.

- Cast Check** **ASAP** **Routine** **Non Urgent**
Orthopaedic Technologist only Next Available Fracture Within 7 days Within 14 days
No surgical consultation required Clinic Appointment

For Scheduling Use

On-Call Orthopaedic surgeon (relevant for scheduling from weekend ED presentation only):

Appointment Date: _____ **Scheduled Time:** _____



CRITERIA FOR FRACTURE CLINIC

Please note the fracture clinic is accessed for patients with ACUTE conditions only.

The Fracture Clinic Assesses and Treats patients with:

1. Acute Fractures
 - a. Lower extremity fractures
 - b. Upper extremity fractures, excluding Hand fractures
 - c. Pelvic & Spinal fractures, excluding Cervical spine
2. Acute soft Tissue Injuries of the musculoskeletal system less than 8 weeks old,
 - a. Ligament tears/join sprains
 - b. Tendon injuries excluding hand & forearm tendons
 - c. Traumatic joint effusions
 - d. Muscle tears & intramuscular hematomas
3. Post operative complications as an outcome of surgery at MSH
4. Recurring problems related to the original diagnosis, within 6 months of discharge from the Fracture clinic
5. Confirmed soft tissue infections involving the Joint or Bursa not requiring emergent or orthopaedic intervention
6. Gangrene of the foot/toe

The Following Patient Diagnoses are EXCLUDED from Admission to the Fracture Clinic:

1. Soft tissue injuries of the musculoskeletal system, greater than 8 weeks old*
2. Chronic musculoskeletal conditions or exacerbation thereof*
3. Back pain including Disc Herniation*
4. Tendonitis*
5. Musculoskeletal pain management or cortison therapy*
** Consider return to primary care provider or refer to orthopaedic office of choice*
6. Soft tissue infections not involving Joint or Bursa *-Refer to Internal Medicine or Infectious Disease*
7. Hand Fractures *-Refer to Plastics Clinic*
8. Neck Fractures *-Refer to Neurosurgery*

All referrals are to be faxed directly to: 905-472-7078 along with any other support documentation.

Referral Schedule

Presentation to ED	Follow-Up Fracture Clinic
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday
Saturday/Sunday	Surgeon On-Call Clinic

If target clinic day is closed or full, schedule patient into next available clinic day within prioritization of 7 to 14 days.