

• 1849 Yonge Street, Suite 511, Toronto ON M4S 1Y2 • Telephone: (416) 901-8799 • Fax: (647) 689-6980 • **Patient information:** First/Last Name: Address: _____ Telephone: _____ HC#: _____ DOB: Reason for Referral/ Description of Injury: **Services Requested:** ☐ Sports Medicine Consultation ☐ Platelet Rich Plasma (PRP) Injection Ultrasound Guided Injection (ie. cortisone, hyaluronic acid) ☐ Bracing Options ☐ Hydrodilatation (Frozen Shoulder) ☐ Sport/Exercise Counselling **Imaging Available** – yes / no (please attach if available) **Referring Physician Information:** Physician Name: Billing Number:

Date: Phone # Fax #

Dr. Ryan Eardley, MD, CCFP (SEM) Dip. Sport Med

Signature:

Lecturer, Department of Family and Community Medicine, UofT MSK Ultrasound Lead, Enhanced Skills Program Sport & Exercise Medicine, UofT

Toronto Marlies Team Physician
National Ballet of Canada Company Physician