WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

WRH Byng Clinic Referral Form

Address - 10-1275 Walker Road, Windsor, ON, N8Y 4X9
Hours - Mon - Thurs 9 am - 4:30 pm (closed 12-1 pm)

Patient Sticker

Patient Information

Last Name:_____ First Name:_____

Date of Birth (mm/dd/yyyy):_____/_____/_____ HCN or IFH #:_____ Ver. Code:_____

Address:_____ _____ _____ _____
Street City Province Postal Code

Phone Number:_____

Referring Physician Information

Name:_____ Billing Number:_____

Address:_____ _____ _____ _____
Street City Province Postal Code

Phone Number:_____ Fax Number:_____

Family Doctor: ☐ Same as above ☐ _____

Attach the following to go with this Referral form

- ☐ Positive HIV Test **- required**
- ☐ CD4 and HIV viral load test result(s)
- ☐ HIV Genotype
- ☐ Serology including Hepatitis A, Hepatitis B, Hepatitis C, CMV, and Toxoplasma IgG
- ☐ HCV genotype and HCV RNA
- ☐ Medication List
- ☐ Immunization History
- ☐ Consult Notes
- ☐ ART History
- ☐ Other relevant test results such as labs and diagnostics

⚠ If the patient is currently on HIV medication, provide at least 90 days of medication for the patient

Fax completed form to the WRH Tecumseh Byng Clinic @ 519-254-3793

→ Approximate Wait times:
- New Diagnosis: 4 weeks
- Treatment experienced HIV infection on ART: 3 months

→ For questions, contact Admin Assistant at 519-254-1661 or debbie.gardner@wrh.on.ca

_____ _____
Referring Physician Signature Date of Referral (mm/dd/yyyy)