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**Division of Hematology**

Victoria Hospital

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London, Ontario, Canada

N6A 5W9

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**Hematology Referral**

**Please Fax to 519-685-8294 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| Patient Demographics | | | Referring Physician | | |
| Benign q Urgent ~ Fax and Call physician’s office | | | | | |
| **General Hematology**  q Dr. Barghi  q Dr. Hsia  q Dr. Foster  q Dr. Kovacs  q Dr. Lazo-Langner  q Dr. Saini | **Thrombosis**  q Dr. Kovacs  q Dr. Lazo-Langner  q Dr. Louzada  **Copies of imaging reports are required** | | **Bleeding Disorders**  q Dr. Phua | | **Red Cell Disorders**  q Dr. Solh  **Inherited Red Cell Disorders (sickle cell, thalassemia, spherocytosis, G6PD etc)** |
| Malignant Hematology q Urgent ~ Fax and Call physician’s office | | | | | |
| q Dr. Barghi (Lymphoma, Myeloma)  q Dr. Deotare (BMT, Leukemia)  q Dr. Foster (Lymphoma, Myeloma)  q Dr. Ho (Leukemia)  q Dr. Kovacs (General Malignant) | | q Dr. Lam (Lymphoma, Myeloma)  q Dr. Lazo-Langner (General Malignant)  q Dr. Louzada (Myeloma)  q Dr. Mangel (Lymphoma)  q Dr. Philip (BMT/Leukemia) | | q Dr. Phua (Lymphoma, Myeloma)  q Dr. Saini (Leukemia)  q Dr. To (General Malignant,  Lymphoma & Myeloma)  q Dr. Xenocostas (BMT, Leukemia) | |
| Reason for Referral:  **Please attach relevant lab results, medication list, and biopsy proven diagnosis** | | | | | |

**University Hospital · Victoria Hospital and Children’s Hospital**