



London Health Sciences Centre

REQUEST FOR CONSULTATION

Vocal Function Clinic – Dr. Simon McBride

Telephone: 519-685-8435 FAX: 519-685-8060

Patient Name: _____

Patient Address: _____

Telephone Number: _____

OHIP: _____

Date of Birth: ____/____/____
(yyyy/mm/dd)

Referring Doctor: _____

Telephone Number: _____

FAX Number: _____

Reason for the referral:

Physician Signature

Date