Joint Replacement Access Clinic (JRAC)
Medical Day Center, Lions Gate Hospital
231 East 15th Street
North Vancouver, BC V7L 2L7
Phone: 604-984-5981 Fax: 604-984-3748

Joint Replacement Access Clinic (JRAC) Referral Form
for patients with Osteoarthritis and Rheumatoid Arthritis

Dr. Referring: _____ Date: _____

Office Phone #: _____ Office Fax #: _____

Number of Pages Being Faxed (Including this Cover & Imaging Report): _____

Orthopedic Surgeon (Please Specify):

- ☐ Dr. A. Baggoo (Foot, Ankle, Hip, Knee)
- ☐ Dr. V. Jando (Hip, Knee)
- ☐ Dr. K. Panagiotopoulos (Hip, Knee)
- ☐ Dr. J.P. Thompson (Hip, Knee)
- ☐ Dr. A. Preto (Hip, Knee)
- ☐ Dr. C.P. Sabiston (Knees Only)
- ☐ Dr. A. Sidky (Hip, Knee)
- ☐ **First Available Surgeon**

PATIENT: _____ **M** or **F** **PHONE**:_____

DOB: _____ **PHN:** _____ CELL:_____

ADDRESS: _____ WORK # :_____

_____**POSTAL CODE**:_____

Reason for Referral:

Recent X-Rays (within 6 months) needed prior to Appt.:	**Please Fax the Following Reports with your Referral:**
• **Knee: Standing AP/Lat & Skyline (Patella view)** • **Hip: AP Pelvis & True Lat Hip** • **Ankle: Standing AP & Lat Views**	• **Imaging Reports** • **Prioritization Referral Tool** • **Recent Blood Work (if applicable)** • **Old OR Reports (if applicable)** **JRAC FAX: 604.984.3748**

X-Ray Location: ☐ N. Shore ☐ W. Van ☐ LGH ☐ Other:_____