



Child/Women's
Health Program

FAX cover letter for standard referral
**Request for Janeway Outpatient
Clinic Appointment**



Fax: 709-777-4518

Incomplete requests will be returned

Name: _____

HCN: _____

Date of Birth: _____

Only next available appointments are booked, **If urgent consult is required, please contact the attending physician or physician on call.** This is not accepted as a referral letter, attach referral to this request.

See below for a full list of contact information for other departments **NOT** booked by Janeway Outpatient Clinic.

Department	Fax Number	Department	Fax Number
Diagnostic Imaging MRI/CT Scan	777-4163	Psychiatry	777-2211
Ultrasound	777-4472	Cardiology	777-4747
Audiology	777-7942	Dental	777-4171
Orthotics	777-4879	Neurology	777-4361
Child Development	777-4955	Ophthalmology (OPD)	777-4529
Rehab	777-4677	Gynecology	753-9890
Speech Pathology, Social Worker and Psychology	777-4884	Residents Clinic	777-4361
Physio and Occupational Therapy	777-4499	Hematology	777-4941
Adolescent Medicine Endocrinology Pediatric Diabetes Clinic Diabetes Dietitian	777-4726	Dr. Yasmine Akhtar Pediatrician	777-4736
Gastroenterology and Nephrology	738-4151	Dr. Javed Akhtar Peds Surgery	777-4358
Rheumatology Janeway Dietitians	777-4343	Dr. Denise Hickey Pediatrician	777-4726
Community/Public Health/RSV Program Respiratory/PFT Laboratory	777-4178	Hemophilia Cystic Fibrosis	777-4726

Parents: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Physician Appointment Request with: _____

Referring Physician's Office: _____

Telephone: _____ FAX: _____