Lakeside Pharmacy

112A - 2365 Gordon Drive, Kelowna, B.C. V1W 3C2
Phone 250-860-3100 • Fax 250-860-3104
Email: hhc@lakesidepharmacy.ca

We Take the Time To Care

Nursing Services Therapy Referral

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Referral Source: Physician ☐ Surgeon ☐ Nurse ☐ Other ☐ _____

Reason for Referral: Ostomy ☐ Wound Care ☐

Lower Leg Assessment (ABPI Index) ☐ Compression therapy ☐

Priority: Urgent (within 24-48 hours) ☐ Non-urgent ☐

Diagnosis: _____

Family Physician: _____

Surgeon (if applicable): _____

Date of Surgery: _____

Surgery: _____

Brief History/Reason for Referral: _____

_____

_____

Referring Health Care Professional: _____

Contact Telephone Number: _____

Lakeside Medicine Centre Nursing Services will be provided Monday through Friday.
Appointments necessary.
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