

**ORTHOPEDIC RADIATION ONCOLOGY CLINIC (OROC) @ WALKER FAMILY  
CANCER CENTRE (WFCC)**

Date of Referral: \_\_\_\_\_

Referred By: \_\_\_\_\_

|                           |                    |
|---------------------------|--------------------|
| <b>Patient Last Name:</b> | <b>First Name:</b> |
| Address:                  | Phone #:           |
| OHIN#:                    | DOB (D/M/Y):       |
| Family Physician:         |                    |

Diagnosis of Presenting Illness: \_\_\_\_\_

Current Systemic Therapy: \_\_\_\_\_

Bisphosphonates: Yes / No

**Reason for OROC Referral:**

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Immobilization Aids: Cane / Walker / Wheelchair

Recent Diagnostic Imaging:

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**OROC REFERRALS: Please contact Julie Blain: (905) 378-4647 ext 49275**

**Fax # (905) 685-1201, WFCC New Patient Referrals: ATTN: Julie Blain OROC Clinic**

**FOR EMERGENT ORTHOPEDIC OPINION: CONTACT ORTHOPEDIC SURGEON ON-CALL**