



# Mount Sinai Hospital

Sinai Health System  
Joseph & Wolf Lebovic  
Health Complex

600 University Avenue  
Toronto, Ontario, Canada M5G 1X5

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**FAX 416-586-8392**

**DATE** \_\_\_\_\_  
(YYYY MM DD)

Clearly imprint patient identification card

## GASTRIC CANCER URGENT REFERRAL

**Referral to:**  NEXT AVAILABLE or select a surgeon

- Dr. Savtaj Brar** P: 416-586-4800 x 1982
- Dr. Anand Govindarjan** P: 416-586-4800 x 7163
- Dr. Carol Swallow** P: 416-586-1588

<b>Patient Name</b>	<b>Best contact phone number</b>
<b>Referring Physician</b>	<b>Referring Physician Billing number</b>
<b>Physician Phone:</b>	<b>Physician Fax:</b>

**Reason for Referral:**

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**Patient Informed of Diagnosis?**  Yes  No

**CHECKLIST:**  Consult Note  Endoscopy Note  Pathology Reports  Diagnostic Imaging

**Please FAX pertinent reports with the referral form.**  
**Patients must bring their HEALTH CARD and register at Admitting at Mount Sinai Hospital on the day of their appointment.**

**Please fax referrals to 416-586-8644 ATTN: Natalie**

