

Anas Ben Musa, MD, FRCSC
Cardiovascular surgeon

Med Square Medical Center

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Cardiovascular Surgery Referral

Patient information:

Name: _____ DOB: _____ Gender: _____

Address: _____

Health Card # _____ Email: _____

Home Phone: _____ Cell: _____

Referral to: Dr. Anas Ben Musa (Cardiovascular Surgeon)

Urgency: Routine Referral Urgent Referral

Reason for referral and assessment request:

Peripheral Arterial

Carotids
 Aorta & iliacs (Aneurysm Screening)
 Lower extremities (Incl. Aorta, iliacs, ABI, TBI)
 Upper extremities
L R B

Diabetic peripheral vascular disease

Other: _____

Peripheral Venous

Lower extremities
(with IVC & iliacs)
 Upper extremities
L R B

Varicose veins treatment

Clinical Information:

Leg pain / Swelling / Discolouration
 Varicose / Spider Veins
 Leg ulcer
 PVD
 Carotid disease
 Vascular Aneurysm Disease

AAA Screening for men ages 65-80
 AAA Screening for women ages 65-80
with Hx of smoking or heart disease
 AAA screening for anyone aged 55+ who
has a relative with a Hx of AAA
 Others _____

Referring Physician:

Physician name: _____ Signature: _____

Clinic Phone: _____ Clinic Fax: _____ OHIP Billing # _____

Clinic email: _____ Date: _____

Clinic Name & Address (or stamp): _____

Patient will be notified with the Appointment details upon confirmation
Clinic Location: 4188 Living Arts Drive, Unit 5, Mississauga, ON, L5B 0H7