

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