Med Square Medical Center
www.WESNHealth.com
Phone 905-808-3002 Fax 1-888-890-9293
E-mail: Medsquare@wesnhealth.com

Vascular & Vein Referral

Patient information:

Name: _____ DOB: _____ Gender: _____

Address: _____

Health Card # _____ Email: _____

Home Phone: _____ Cell: _____

Referral to: Dr.Anas Ben Musa , MD, FRCSC

Urgency: ☐ Routine Referral ☐ Urgent Referral

Reason for referral and assessment request:

☐ **Vein Clinic – Varicose Veins and Spider Veins**
Medical & Cosmetic Treatment (EVLT & Sclerotherapy)

- ☐ Leg pain / Swelling / Discolouration
- ☐ Deep Vein Thrombosis DVT
- ☐ Leg ulcer
- ☐ Peripheral Vascular Disease PVD
- ☐ Carotid disease
- ☐ Vascular Aneurysm Disease
- ☐ Deep/superficial venous insufficiency
- ☐ Superficial venous thrombophlebitis
- ☐ 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
- ☐ Diabetic peripheral vascular disease
- ☐ Other _____

Referring Physician:

Physician name: _____ Signature: _____

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

Clinic email: _____ Date: _____

Clinic Name & Address (or stamp): _____

Please fax the recent medications list, blood work results and any related medical documents

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