SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE

iCare

DEMOGRAPHIC LABEL

INFECTIOUS DISEASES CLINIC REFERRAL

Location: Internal Medicine Rapid Access Clinic (IMRAC), Sault Area Hospital
Phone 705 759 3691 **Fax** 705 759 3704

Request Priority:

☐ Emergent = patient must be seen immediately
(email Dr. Castellani at castellanil@sah.on.ca and call clinic to notify)
☐ Urgent = less than 2 weeks (fax to clinic)
☐ Non Urgent = less than 1 month (fax to clinic)
☐ Routine = greater than 1 month (fax to clinic)

Indication:

☐ Skin and soft tissue infection (including cellulitis, diabetic foot infections, etc.)
☐ Bacteremia
☐ Respiratory Infection
☐ HIV (incl Pre Exposure Prophylaxis)
☐ STI/Blood Borne Pathogen exposure (e.g. Needle Stick)
☐ Other _____

Reason for Referral: _____

_____

_____

_____

Antibiotics: _____

_____

Referring Clinician: _____

Signature: _____

Billing #: _____

Date: _____