



# OTTAWA LASER VEIN CENTRE

**For Laser procedures/referrals:**

1145 Hunt Club Road, suite 560  
Ottawa, ON, K1V 0Y3  
Fax: (613) 565-EVLT

**For all other procedures/referrals:**

1053 Carling Ave, A-280  
Ottawa, ON, K1Y 4E9  
Fax: (613) 761-5362

## FAMILY DOCTORS' VEIN TREATMENT REFERRAL FORM

Family MD name: \_\_\_\_\_

Family MD fax/phone # \_\_\_\_\_

Patient name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient telephone number: \_\_\_\_\_

Gender:       Male       Female

Side affected:       Left       Right       Bilateral

Previous sclerotherapy:       Yes       No

Previous vein stripping:       Right       Left       None

Summarize symptoms/signs and ultrasound report:

Patient requesting EndoVenous  
Laser Therapy procedure  
Fax to (613) 565-EVLT  
(3858)

Patient is requesting surgical vein  
stripping procedure or is undecided  
Fax to (613) 761-5362