Simcoe Muskoka Regional Cancer Program

RVH Royal Victoria Regional Health Centre | Cancer Care Ontario | Action Cancer Ontario

Breast Diagnostic Assessment Program (DAP)
Primary Care Referral

Last Name:	First Name:
Date of Birth:	Health Card #:
Primary Care Provider Name:	
Billing #:	
Relevant History/Complete Patient Profile Information (or attach copy of CPP):	

☐ **I confirm that patient is aware of diagnosis of breast cancer or suspicious lesion.**

If patient's case is presented at a Multidisciplinary Cancer Conference (MCC), I am interested in attending and I would like to attend:

☐ In person ☐via Ontario Telemedicine Network

For questions related to MCC attendance please contact the Clerical Navigator (Desiree) at (705)728-9090 ext. 43144.

Primary Care Provider's Signature:

☐ **Next available surgeon** or ☐ **Dr. _____**

Barrie: **Drs. Barnett, Dauphinee, Hanrahan, Kruzyk, Maharajh, Stefanison**
Collingwood: **Drs. Akinyele, Lisi**
Midland: **Dr. Sacks**
Orillia: **Drs. Bauman, Campbell, Cape, Chaudhuri**
Bracebride: **Drs. Gupta, Iannantuono, Reid**
Huntsville: **Drs. Kirkpatrick, MacMillan, Roldan**

Doctors located outside of RVH, please fax your appointment date and time to (705)739-5636 for our records.

Appointment Date: _____ **Appointment Time:** _____

Please fax the referral form to the attention of the Clerical Navigator at ***(705)739-5636.*** *In order to ensure timely access to care, we will follow-up 48 business hours after initial referral is sent to primary care provider.*