

Patient Addressograph

INFORMATION FOR TELEBURN CONSULTANTS

Referring Site Emergency Department: complete the patient and physician information and fax to the consulting Teleburn physician immediately after each Teleburn session. Please note that this form contains **personal health information** and must **only** be sent to the consulting Teleburn physician.

Referring Physician Name & Billing Number:

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Consultant Name & Fax Number:

<input type="checkbox"/> Dr. Marc Jeschke	Fax: 416-480-6763
<input type="checkbox"/> Dr. Rob Cartotto	Fax: 416-480-6708
<input type="checkbox"/> Dr. Shahriar Shahrokhi	Fax: 416-480-7832
<input type="checkbox"/> Dr. Alan Rogers	Fax: 416-480-7832

Referring Hospital Name	Facility Number	Telephone

For Consultant's Use Only:

<input type="checkbox"/> B100 (Telemedicine Code for Initial Consult)	Burn Service OHIP Code
<input type="checkbox"/> B200 (Telemedicine Code for Subsequent Consults)	
Patient transferred: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no:	
<input type="checkbox"/> patient to stay in referring hospital/home community with follow-up care/guidance via telemedicine	
<input type="checkbox"/> patient to stay in home community, no follow-up care required	

