



**Burlington
Lung Clinic**

401-3155 Harvester Road
Burlington, ON L7N 3V2
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W. Patrick Killorn MD FRCPC FCCP
Respirology
Jacob Gelberg MD FRCPC
Respirology

REFERRAL FORM

NAME: _____

DOB: _____

HCN: _____

CONSULTATION WITH:

_____ DR KILLORN _____ DR GELBERG _____ FIRST AVAILABLE

REASON:

ROUTINE _____ EARLY (1-3 weeks) _____ URGENT (1 week) _____

SPIROMETRY ONLY _____ URGENT REPORT _____

FOR SPIROMETRY, PATIENT MAY PRESENT THEMSELVES TO THE
CLINIC BETWEEN 8:30 AND 4:30