

All fractures must be seen in the **next** Fracture Clinic.

Referring Clinician: \_\_\_\_\_ Billing #: \_\_\_\_\_

- 1. Referrals from ED Physicians:** Appointments must be booked in the Fracture Clinic binder by the Ward Clerk, Physician Assistant, or Primary Nurse prior to the patient's departure from the ED. An appointment card will be provided to the patient.
- 2. For Referrals from Medical Offices:** Fax completed referral to ED Ward Clerk at 705-789-6216 and call to confirm receipt of fax and to obtain next available appointment. Referring MDs please inform patient of appointment date and time after receiving Clinic appointment. Questions? Please text or call Dr. Selby directly at 705-760-6123.

Diagnosis: **Note: All fractures must be either un-displaced or minimally displaced.**

- ☐ Distal Radius – **after reduction** volar tilt  $\geq 0$  degrees (i.e. anatomic reduction) **AND** radial styloid to ulnar styloid linear length  $\geq 7$ mm **AND** no intra-articular displacement
- ☐ Distal Ulna
- ☐ Pediatric Greenstick or Buckle Fracture
- ☐ **Minimally** (less than 1 cm and  $45^\circ$ ) displaced Proximal or Diaphyseal Humeral Fracture
  - No displaced or comminuted fractures or fractures **with associated glenohumeral dislocation**
  - **No** displaced greater/lesser tuberosity fractures
- ☐ Clinical Scaphoid (normal x-rays)
- ☐ Avulsion fracture of the base of the 5<sup>th</sup> Metatarsal (no Jones fractures)
- ☐ Simple Metacarpal Fracture or Phalangeal Fracture **without rotation/angulation/comminution**. If any concern please review with plastic surgery on call first prior to sending to minor fracture clinic.
- ☐ Lateral Malleolus, **isolated and below the mortice**
- ☐ Medial Malleolar Fracture **isolated and without rotation/angulation/comminution**
- ☐ Other Metatarsal \_\_\_\_\_ (indicate which) **without rotation/angulation/comminution**
- ☐ Navicular Foot Fracture
- ☐ Other (discussed first with Dr. Selby)

**PLEASE DO NOT GIVE THIS REFERRAL FORM TO THE PATIENT**

Fracture Clinic Follow Up: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Dr. Selby ☐ Dr. Love