fraserhealth

CAST CLINIC BOOKING / PHYSICIAN ORDER
Abbotsford Regional Hospital

Form ID: AMXX108068A New: May 8, 2025 Page: 1 of 1

Requested Date (dd/mm/yyyy):	Requested Time:
Requesting Physician:	Family Physician:

Who is this request for?

Last Name: **First Name:**

Mailing Address:

City/Town Province Postal Code

Telephone Number:

Date of Birth (dd/mm/yyyy):	Personal Health Number (BC Services Card):
Date of Injury (dd/mm/yyyy):	WSBC Claim # *(if applicable):*

Physician Orders:

☐ Cast Removal: ☐ Right ☐ Left ☐ Cast Application: ☐ Right ☐ Left ☐ Short ☐ Long	Extremity:
Position:	Extremity:

☐ X-Ray: ☐ Patient has Requisition ☐ Requisition Attached

☐ Remove Staples / Sutures:

☐ Other:

Date (dd/mm/yyyy):	Physician's Signature:

Fax completed referral form to the Booking Office at **604-854-1079** (Phone 604-851-4700 ext. 646785).

The booking clerk will determine the appointment date and time and will notify the referring physician's office.

It is the responsibility of the referring physicians' office to notify the patient of their appointment date and time.

Note: For same day referrals please call Cast Clinic at 604-851-4700 ext. 646226 for appointment time. Walk-ins may experience significant wait times.