



KINGSTON ORTHOPAEDIC PAIN INSTITUTE

800 John Marks Avenue

Kingston, ON, K7K 0J7

P:613-507-7246 F:613-344-1203

**Regenerative Medicine Clinic:**

Patient Name: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Contact#: \_\_\_\_\_

Patient HC#: \_\_\_\_\_

Patient Address: \_\_\_\_\_

**Referral For:**

- Platelet Rich Plasma (PRP)  Bone Marrow Aspirate Concentrate (BMAC)
- Prolotherapy

**Reason for Referral:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Imaging findings:**  X-ray  US  CT  MRI

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Clinician:

\_\_\_\_\_

-Please attach all relevant imaging reports and consult notes to referral

-Please note that referrals from all **allied health clinicians** are accepted for regenerative medicine