



800 John Marks Avenue  
Kingston, ON, K7K 0J7  
P. 613-507-7246 F. 613-344-1203

## Regenerative Medicine Clinic

**Date:**

Patient Information:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone number \_\_\_\_\_

Health Card # & VC \_\_\_\_\_

Address

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### Referral For

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

Prolotherapy

### Reason for Referral

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**Imaging Findings**    X-Ray     US     CT     MRI

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Referring Clinician \_\_\_\_\_ Signature \_\_\_\_\_

Billing Number \_\_\_\_\_

- 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