



**SKIN PERFUSION CONSULTANTS**  
PAINLESS • DIAGNOSTICS • METRICS

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A. Wayne Evans, MD – Director

Ref. Date \_\_\_\_\_

**Patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB (dd/mmm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

**Reason for Referral:** [transcutaneous oximetry skin perfusion mapping unless otherwise specified]

- 1. Prediction of healing/healability.....
- 2. Screening for arterial disease.....
- 3. Amputation level prediction.....
- 4. Determining response to revascularization.....
- 5. Predicting benefit of Hyperbaric oxygen therapy
- 6. Other.....

**Relevant Clinical Information:**

- 1. Insensate  vs Analgesia / Pain Management
- 2. Medical Needs [if any requirements during 90-120 minute assessment] \_\_\_\_\_
- 3. Mobility / Positioning Restrictions  (*supine position required in most cases*)
- 4. Infection - is this patient isolated Y/N

Elective  Semi-urgent

**Doctor Information:**

Referring Physician: \_\_\_\_\_ Signed \_\_\_\_\_

Specialty \_\_\_\_\_ Phone: \_\_\_\_\_ OHIP# \_\_\_\_\_

*Note: Perfusion mapping via transcutaneous oximetry is not an insured service under OHIP. Third party insurance plans frequently cover such assessments. Assistance may be available for in some instances; feel free to enquire.*

If any questions please call us at ph 905 614-0057. Thank you!

if transmission difficulties, try alternative fax : 416 444 0202