The Ottawa Hospital | L'Hôpital d'Ottawa

TELEMEDICINE APPOINTMENT REQUEST
DEMANDE DE RENDEZ-VOUS EN TÉLÉMÉDECINE

Please send by email to :
telemedicine@toh.on.ca
Fax : 613-761-5290
Phone : 613-798-5555 #16605

PATIENT DEMOGRAPHICS

MRN :
Name :
Gender :
Address :

Phone #1 :
Phone #2 :
D.O.B. :
Health Card # :

CLINIC INFORMATION

Name of clinic : _____

Consultant name : _____

Location of consultant : _____

Additional info / requirements :

Please note that the TM office does not validate OHIP numbers.*

APPOINTMENT INFORMATION

Date and time

Preferable **:** _____

Options **:** _____

New consult _____ **Follow-up** _____

Duration of appointment

15 min _____ 30 min _____
Other _____

Nurse needed at the site (yes/no)? _____

Preferred TM site : _____

Name of requestor : _____ **Contact # :** _____ **Date :** _____

TM OFFICE USE ONLY

Date requested to patient site : _____

TOH camera # : _____

Patient site location : _____

Patient site camera # : _____

Patient advised? (STA, TM) : _____

Patient site contact : _____

EVENT #

CONFIRMED APPOINTMENT