



RAPID ACCESS INFECTIOUS DISEASE (RAID) CLINIC REFERRAL

You were assessed by _____ at the Health Sciences Centre
PHYSICIAN/NURSE PRACTITIONER NAME

Adult Emergency Department on _____
D D M M M Y Y Y Y

You have been referred to the Infectious Disease Service for treatment of your

INJURY/ILLNESS – PLEASE LIST

Your appointment has been made:

Date: _____
D D M M M Y Y Y Y

Time: _____
24 HOUR

Location: Infectious Diseases (ID) - Diabetic Foot - Purple Bear Zone - Level 1

Please register with the Unit Clerk at the ID Clinic to be seen by the RAID Access ID Clinic.

Fax #: 204-787-7086

As discussed with the physician/nurse practitioner, if your condition changes or worsens, prior to your appointment with the RAID Clinic:

Please call Health Links at 204-788-8200

OR

Return to the HSC Emergency Department

If you are unable to attend your appointment, contact the RAID Clinic at 204-787-3868 to reschedule.

Discharge Instructions:



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