Ontario Health atHome

Cancer Care Clinic Medical Referral Form

	Patient Identification	
Diagnosis		**Allergy:**
Venous Access	☑ Port-a-Cath ☑ Access Port-a-Cath Gripper Needle: ☐ 1 inch 19 G ☐ ¾ inch 19 G ☑ De-access and flushing protocol attached or as per provider agency protocol	
Medication	**Port Flush/Dressing Protocol:** Port Flush: Flush with 10 to 20 mL 0.9% sodium chloride (Normal Saline). Lock with 5 mL (500 units) heparin lock flush 100 units/mL intravenously. Flush and lock monthly for 6 months. Start on_____. ☐ Other: Start Date:_____ End Date: _____	
Physician Information	Print Name:(MD/NP ONLY)_____ OHIP Billing #:_____ Signature: _____Date:_____(dd/mm/yyyy) Phone Number: 416-242-1000 x 21500 Fax Number: 416-242-1068	