

OMSB Performance & Wellness Section

External Referral Form

Referral to.....
Designation..... Hospital.....
Resident's Name
OMSB No..... Academic Year.....
Specialty.....
Year of Residency.....
Resident's telephone no.....
Resident's E-mail

Referral Reasons: Take Over Evaluate Treat

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Is the Resident aware of this referral? Yes No

Is feedback/report required? Yes No

Referring Physician/ Faculty.....

Designation

Telephone No.....

Date

Signature