

Referral Form to OMSB Performance & Wellness Section

PROGRAM- REFERRAL

Resident's Name

OMSB No..... Academic Year.....

Specialty.....

Year of Residency.....

Resident's telephone No.....

Resident's E-mail address.....

Referral Reasons: (Please attach any documents you believe are useful for this referral)

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Is the Resident aware of this referral? Yes No

If yes, what is preferred method to Contact the Resident? Telephone Email

If no, it will be the Programs responsibility to contact the Resident regarding appointment

Referrer's Name.....

Scientific Committee: Chairman P.D Ass. PD.....

Telephone No.....

Date Signature