

**NANCY Y. VAN LAEKEN M.D. Inc.**  
**PLASTIC, COSMETIC AND RECONSTRUCTIVE SURGERY**

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www.vanlaeken.com Melissa@vanlaeken.com

**Patient Referral to Facial Palsy Clinic**

**Date:** \_\_\_\_\_

**To: Dr. Nancy Van Laeken**

**Phone #: 604-669-1633**

**FAX #: 604-669-4516**

**Appointment Location**

St. Paul's Hospital  
1081 Burrard Street  
3<sup>rd</sup> Floor Out-Patient Department  
Burrard Building

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**Patient Demographics**

**Name:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_

**PHN:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Diagnosis:** \_\_\_\_\_

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**Referring Dr:** \_\_\_\_\_

**MSP Billing #:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**\*\*Please send any relevant imaging or tests with referral\*\***