Ministry of Community and Social Services
Developmentally Handicapped Services
Ontario

Consultation Request and Report

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COT 10
DOB 61/09/08
DOA 73/12/03 M
HEALTH # 9609 729 373
DR.
HURONIA REGIONAL CENTRE
PO BOX 1000 ORILLIA L3V 6L2

ORIGINAL - FILE

Name	Date of Birth	Casebook Number / O.H.I.P. No.
Facility	Ward/Unit	Date of Admission

Consultation Request to: Duty Physician

Request Regarding: Poss. suturing over (R) eyebrow -

Sig

Date July 27/92

Consultation Report: (Examination, Opinion, Recommendation)

sutured x 3 5-0 ethilon

remove in 5 days

Consultant's Signature

Date

1210 (02/88)