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| --- | --- |
|  | **Program Name** AddressTelephoneFax |

Date

Referring Provider

Address

Re: Patient Name:

OHIP:

DOB:

Thank you for your referral.

London Health Sciences Centre (LHSC) is moving forward with an initial plan to gradually and carefully expand some clinical services that were paused during the COVID-19 pandemic, following the provincial guidelines. There are still several changes to day-to-day operations at LHSC. Some patients continue to experience delays as services as expanded in a slow and measured way.

**An appointment for TEST/EXAM/PROCEDURE has been scheduled for your patient, NAME, at the CLINIC/OFFICE NAME on DATE and TIME at LOCATION (include entrance number).**

The following is important information for your patient:

* They should not miss their appointment. Those who cannot attend are asked to contact us (ADD CONTACT INFO) to cancel as soon as possible so that their spot can be given to another patient.
* Our buildings are safe to enter. Patients are asked to arrive 30 minutes before their appointment to allow enough time for screening and registration. [Update based on your process but you MUST allow 15 minutes for screening purposes.]
* If patients have signs of a respiratory illness, they are asked to call us before coming in. This includes a new cough, fever or shortness of breath.
* All patients will be actively screened in advance of their visit by phone. They will be screened at hospital entrances when they come into the building to quickly identify signs and symptoms off illness.
* They will be asked to wear a mask upon entry. The hospital will provide masks but patients may wear their own including cloth masks.
* LHSC is temporarily limiting all family/caregiver presence and other visitation in order to maintain a safe environment.

**More information about what patients can expect is available on LHSC’s website at www.lhsc.on.ca/coronavirus**. Patients should check this website before their visit for the most current information and instructions.

ADD ADDITIONAL INFORMATION NEEDED FOR THE REFERRAL SOURCE