

Spasticity ♦ Focal Dystonia ♦ Regenerative Medicine ♦ Ultrasound Guided Procedures

## Requisition Form

**\*\*ONLY REFERRALS RECEIVED ON THIS FORM WILL BE OFFERED BOOKINGS\*\***  
**\*\*ALL PRIOR REQUISITION FORMS ARE OBSOLETE AS OF APRIL 2026\*\***

### PATIENT INFORMATION

Name:	Birth Date (dd/mm/yy):
Address:	Sex: <input type="radio"/> M <input type="radio"/> F
Phone number:	Health Card Number:
Email:	
Referring Physician Name:	OHIP Billing Number:

### REASON FOR THE REFERRAL (Required - Fill appropriate sections)

#### Spasticity due to

- Stroke
- Spinal Cord Injury
- Cerebral Palsy
- Multiple Sclerosis
- Traumatic Brain Injury
- Other: \_\_\_\_\_

#### Please specify affected region

##### Upper Limb

- Right  Left  Both
- Pattern: \_\_\_\_\_

##### Lower Limb

- Right  Left  Both
- Pattern: \_\_\_\_\_

#### Focal Dystonia

- Cervical Dystonia
- Hemifacial Spasm
- Blepharospasm
- Oromandibular Dystonia
- Other: \_\_\_\_\_

#### MSK Condition

- Degenerative Arthritis - Region: \_\_\_\_\_
- Musculoskeletal Injury (specify): \_\_\_\_\_
- Bursitis
- Tendinopathy
- Other: \_\_\_\_\_

#### Please specify requested procedure

- Platelet-rich Plasma (PRP)
- Prolotherapy
- Hyaluronic Acid
- Corticosteroid
- Neuropathic Injection
- Other: \_\_\_\_\_

#### Headache

- Chronic Migraine
- Occipital Neuralgia
- Other Cervicogenic Headache

### ADDITIONAL DETAILS (Required - Fill or Attach)

#### Past Medical History:

#### Current Medications:

#### Investigations Attached:

- CT Scan  MRI Scan  Ultrasound  X-Ray
- Other: \_\_\_\_\_

Please complete this referral form and **fax it to 905-685-5390.**

**FOR OFFICE  
USE ONLY**

Date Received:

Appointment Date:

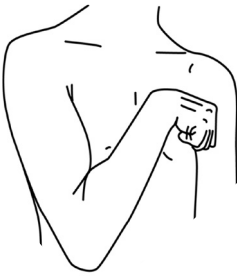

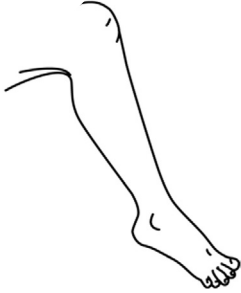

Time:





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Wait times 1-3 months

# Accepting New Patients with Spasticity or Focal Dystonia

## Clinical Presentations

SPASTICITY			
			
Abducted shoulder, Flexed elbow, Flexed wrist	Clenched fist	Knee flexion	Equinovarus foot

CERVICAL DYSTONIA			
			
Anterocollis	Retrocollis	Rotational torticollis	Laterocollis

Dr. Omar Khan, MD, specializes in the treatment of spasticity and focal dystonia with over 15 years of experience with ultrasound guided procedures. Dr. Khan also provides regenerative medicine to patients in need.

Please complete a referral form and **fax it to 905-685-5390.**

Accepting referrals from medical doctors. Other health professionals are encouraged to make a request through the patient's general practitioner or neurologist.