

REFERRAL FORM

Referral Type (check one):

- Pediatrics Endocrinology Cardiology Women's Health: IUD
 Mental Health Dermatology Cardiology: echo only Women's Health: Nexplanon
 Chiropracist (Not covered by OHIP) Cardiology: holter only Women's Health: PAP

Reason for Consultation

Patient Information

Last Name: _____ First Name: _____
DOB: (yyyy/mm/dd) _____ Sex: Male Female
Address: _____
City: _____ Province: _____ Postal Code: _____
Health Card: _____ Version Code: _____
Email: _____ Phone: _____

Referrer Information

Referrer Stamp:

Name: _____
Billing Number: _____
Clinic Name: _____
Fax: _____
Email: _____
Signature: _____

Date: _____

Note: Our team will complete further assessment, counselling, and determine next steps.

Fax referral or email to info@medionephysicians.com

9200 Bathurst St Unit 26,
Thornhill, ON L4J 0K1

50 McIntosh Drive, Unit 200
Markham, ON L3R 9T3

95 Times Avenue Unit C-1,
Richmond Hill, ON L3T 0A2

9401 Jane Street Unit 124,
Vaughan L6A 4H7

- Dr. Cecilia Dai - Dermatology - Bathurst
- Dr. Elena Zakiriyenok - Paediatrics - Bathurst
- Anna Tran, NP - Women's Health - Bathurst & Jane

- Dr. Morteza Shahrestani - Mental Health - Times
- Dr. Abhijana Karunakaran - Endocrinology - McIntosh
- MediOne Physicians Cardiology Powered by Good Health - McIntosh
- MediOne Chiropracist Powered by Foundation Footcare - Bathurst