REFERRAL LETTER TO

DR. POON'S METABOLIC DIET CLINICS

VAUGHAN: 306-191 McNaughton Rd, L6A 4P5. Tel: 905-303-8353. Fax: 905-832-1270, vaughan@poondiet.com

PICKERING: 6-375 Kingston Rd, L1V 1A3. Tel: 905-509-6888, Fax: 905-509-0663, pickering@poondiet.com

BRAMPTON: 4-160 Main St S, L6W 3X4. Tel: 905-450-2700, Fax: 905-450-2707, brampton@poondiet.com

TORONTO: M068-14 St. Matthews Rd, M4M 2B5. Tel: 416-461-4443, Fax: 416-461-4777, toronto@poondiet.com

SCARBOROUGH (associate clinic), 13-1415 Kennedy Rd, M1P 2L6. Tel: 416-752-5555, Fax: 416-752-9675, sozointegrativehealthcare@gmail.com

MISSISSAUGA (associate clinic), 9-2624 Dunwin Drive, L5L 3T5. Tel:905-608-0050, Fax: 289-801-9960, dr.poondiet.mississauga@gmail.com

Instructions:

- Fill out this form
- Fax or email this form along with patient's lab report to the clinic of choice. Our office will contact the patient directly
- Patient should come to the clinic 15 minutes early to do the paperwork
- Patient requires to bring a valid OHIP health card, a list of medications and supplements
- There is a one-time administration fee of $20 to cover the handouts
- There is a "No Show Fee" if patient fails to attend the scheduled appointment without giving 24 notice to the clinic

Date of Referral: _____

Patient's Last Name _____ First Name _____ Sex _____

Date of Birth (MM/DD/YY) _____

OHIP # _____ Version Code _____

Contact Phone # _____, email address _____

Medical Conditions that require Dietary Counseling:

_____

Referring MD Last Name _____ First Name _____

Address of the Referring Doctor _____

Billing Number _____

Office Phone # _____

Office Fax # _____