

# REFERRAL LETTER TO DOCTOR POON'S METABOLIC DIET CLINICS

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Dr. Pat Poon	Dr. Randa Barsoum	Dr. Wilma Basser	Dr. Victor Lao	Dr. Harry Brown	Dr. Enkelejda Bollano
Dr. Sam Crystal	Dr. Mahdi Murti	Dr. Michael Chernick	Dr. Audrey Dye	Dr. Donald Wein	Dr. Biruk Habteslassie
Dr. Paul Kwong	Dr. Karen Smith	Dr. Mandy Schwartz	Dr. David Stephen	Dr. Ken Lai	Dr. Paul Lau
Dr. Stephen Lai	Dr. Mark Baily	Dr. Joseph Marmina			

10 Royal Orchard Blvd, basement  
Thornhill, Ontario L3T 3C3  
Tel: (905) 771-7600  
Fax: (905) 771-9600

343 Wilson Avenue, suite 201  
North York, Ontario M3H 1T1  
Tel: (416) 636-3237  
Fax: (416) 636-3236

160 Main Street South, unit 4  
Brampton, Ontario L6W 3X4  
Tel: (905) 450-2700  
Fax: (905) 450-2707

17215 Leslie St, unit C  
Newmarket, Ontario L3Y 8E4  
Tel: (905) 853-0404  
Fax: (905) 853-3702

## ***Instructions:***

- Fill out the form
- Fax or bring this form, along with patient's lab reports to the clinic of your choice and our office staff will contact the patient directly by phone
- Come to the office 15 minutes before the booked appointment time to do some paper work
- Bring health card, a list of medications and supplements, or lab reports (if it is not been faxed) on the first visit
- There is no fee for the diet counseling sessions but patient will be charge a no show fee of \$30 if he/she does not give the clinic a 24 hours of cancellation notice.

**Date:** \_\_\_\_\_

## ***Patient information:***

Last name \_\_\_\_\_ First name \_\_\_\_\_

Gender:      Male / Female

Date of Birth (day-month-year) \_\_\_\_\_

OHIP number \_\_\_\_\_

Contact phone numbers \_\_\_\_\_ or \_\_\_\_\_

Contact person other than the patient, if any \_\_\_\_\_

Medical conditions that require dietary counseling \_\_\_\_\_

Referred by:

**Dr.** \_\_\_\_\_

**Fax #:** \_\_\_\_\_