

REFERRAL LETTER TO DOCTOR POON'S METABOLIC DIET CLINICS|

Toronto:

14 St. Matthews Road, Unit M068
Toronto, Ontario M4M 2B5
Tel: 416-461-4443
Fax: 416-461-4777

Thornhill:

10 Royal Orchard Blvd, Basement
Thornhill, Ontario L3T 3C3
Tel: 1-905-771-7600
Fax: 1-905-771-9600

Pickering:

Unit #6, 375 Kingston Road
Pickering, ON L1V 1A3
Tel: 1-905-509-6888
Fax: 1-905-509-0663

Brampton:

160 Main Street South, Unit 4
Brampton, ON L6W 2E1
Tel: 1-905-450-2700
Fax: 1-905-450-2707

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 #:** _____