



NEW DAWN MEDICAL
SUBSTANCE USE, PAIN & SPECIALTY CLINICS

Dr. Osman Ahmed MD, FRCPC

Gastroenterology Specialist

Gastroenterology – Hepatology – Therapeutic Endoscopy

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Tel: (647) 625-8799 Fax: (647) 699-8788

Date: _____

Patient Information:

Patient Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Health Card Number: _____

Referring Physician:

Physician: _____ Billing Number: _____

Office Phone: _____ Office Fax: _____

Reason for Reason:

- | | | | |
|-------------------------------------------------|------------------------------------------|---------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Gastroscopy | <input type="checkbox"/> PUD Colonoscopy | <input type="checkbox"/> Constipation | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> ERCP | <input type="checkbox"/> Anemia | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> GERD |
| <input type="checkbox"/> Endoscopic Ultrasound | <input type="checkbox"/> Other: _____ | | |

Please fax referral and all relevant imaging to (647) 699-8788