



Dr. Wasim Mansoor MD, FRCPC

Internal Medicine

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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 type="checkbox"/> QTc Evaluation | <input type="checkbox"/> Peri-Operative Medicine | <input type="checkbox"/> Polypharmacy |
| <input type="checkbox"/> Hypertension Management | <input type="checkbox"/> Recent Hospital Discharge | <input type="checkbox"/> Chronic Cough |
| <input type="checkbox"/> Chronic Disease Management | <input type="checkbox"/> Medical Optimization for High-Risk Pregnancy | |
| <input type="checkbox"/> Other: _____ | | |

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