



Dr. P. Lo Medicine Professional Corporation

Patrick Lo, MD, MDiv, FRCP(C)

502-245 Fairview Mall Drive, Toronto, ON M2J 4T1

Tel: (647) 350-7675 (x1) Fax: (905) 209-0800

Referral Source Name: _____

Referral Source Phone: _____

Referral Source Fax: _____

Patient Name: _____

Patient D.O.B. & Age: _____ **Sex:** _____

Patient Phone: _____

Patient email address.: _____

Referral Source Billing Number: _____

Patient OHIP # : _____

Would you like us to contact the patient to set up the appointment? Yes ____ No ____

If so, is it o.k. to leave a message when we call if they are not home? Yes ____ No: ____

If not, please provide instructions: _____

Presenting Concern:

Please note that Dr. Lo can only provide one-time consultation assessment