

Patient TEST, STEPHANIE

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LV 23 may.

This fax may cont: Any review or distr prohibited. If you h return or destruction Age: 26 years Gender: F Date of Birth: March 26 1998

HO#: 6549846321

Patient's Phone: (416) 416-4164

he sole use of the intended recipient. m it was originally intended is strictly / contact the sender to arrange for the

THIS FAX MAY CONTAIN CONFIDENTIAL PERSONAL INFORMATION

Fax Number: 94163236236

From:

Efax-Respirologyreferrals

Date:

July 23, 2024

Total Pages: 1

Subject:

TEST, STEPHANIE

Memo:

Your patient, TEST, STEPHANIE HOW: 6549846321 has been scheduled into the Rapid Referral Respirology Clinic at Toronto Western Hospital as below:

Date: Friday, August 9, 2024

Testing: 10:15 am

Consultation with respirologist: 11:30 am

Patient has not returned voicemails to confirm/accept appointment.

Please reach out to Kay Cherry (Divisional Administrative Assistant, Respirology) at 416-340-4800 ext. 5401 with any questions or concerns.

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