

Acknowledgement of Referral

TEST, VIEWPOINT
SEX: M DOB: 07 OCT 1984
123 TEST ST
TORONTO ON T: 400-123-1234

Dear: Leith, Eric Stephen

This is to inform you that the Drug Allergy Clinic (DAC) has received your referral for

Note: In all cases, the first appointment is an initial consultation. Testing, if appropriate, will be booked for a later date.

Based on the information provided in the referral, your patient has been assessed as requiring the following:

☒ An initial consult appointment at the DAC within approximately 4 months.

☐ An initial consult appointment at the DAC within approximately 2 months.

☐ An initial consult appointment at the DAC as soon as one can be arranged

☐ Other:

The patient remains under your care as referring physician until seen by the DAC.

Patients will be contacted directly and their corresponding consult and testing letters will be faxed once they have been completed.

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