



Respiratory Services LTD. Toronto Lung Clinic

LF 20, 1849 Yonge Street, Toronto, Ontario, M4S 1Y2
Tel: 416-920-3737 Fax: 416-920-7848

Request for Consultation

Date: _____

☐ Dr. Sat Sharma

☐ Dr. E. Lilker

☐ Dr. Aras Balsys

Referring Physician

Doctor: _____

Phone: _____

Fax: _____

Physician Billing #: _____ Physician Signature: _____

Patient Information

Name: _____ DOB (dd/mm/yyyy): _____

Gender: ☐ Male ☐ Female

Address: _____

Phone: _____ Cell Phone: _____

OHIP#: _____ Version Code: _____

Medical Information

Reason for Consultation: _____

Past Medical History or other relevant Findings: _____

Medications: _____

Investigations/Comments: _____