

70 King Street East
Stoney Creek ON, Canada
L8G 1K2

STONEY CREEK MEDICAL CENTER

Fax Cover Sheet

To: Endocrinologist - Doctor Abitbol, Alexander
Phone: (905) 337-0040
Fax: 1(905) 337-0044

Date: 22-Oct-2025

From: Dr. Temitope Ismail
Phone: (289) 760-9550
Fax: (905) 296-3858

Number of pages including cover: 2

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Re: Fatos Ates

**Stoney Family Doctors and Walk-in****T: 289-760-9594 F: 905-296-3858****E: info@stoneycreekdoctors.ca****W: www.Stoneycreekdoctors.ca****Our Clinic Location****Stoney Creek****70 King St E, Lower Level Stoney
Creek, ON L8G 1K2 Hours of
Operation****M - F: 8:30am - 4:30pm | Sat 9am
- 2:00pm****REQUEST FOR CONSULT****PATIENT INFORMATION****First Name**

Fatos

Last Name

Ates

Health Card Number

7871019365nr

Gender

F

Patient Email**Patient Telephone**

(902) 000-0000

(647) 767-4794

Patient Address

159 Torris Crt

Oakville

ON, Canada L6S 5J7

DOB (MM/DD/YY)

62 Yr 20-Oct-1963

REASON OF REFERRAL**CONSULT**URGENT Y ☐ N ☐**PATIENT HISTORY & CLINICAL INFORMATION**

Dear Colleague,

I am referring this patient for further evaluation of suspected secondary hyperparathyroidism in the context of chronic kidney disease and type 2 diabetes mellitus. Her daughter had previously noted an elevated PTH level of 7.0, which was not addressed during recent nephrology appointment. Repeat testing was ordered and completed yesterday, showing a PTH level of 11.2 pmol/L. Vitamin D was borderline insufficient at 71.6 nmol/L, while calcium and phosphate levels were within normal limits. Given the elevated PTH and borderline vitamin D status, secondary hyperparathyroidism is suspected. We discussed that chronic kidney disease may be contributing to the abnormal PTH, and agreed to optimize vitamin D levels. However, both the patient and her daughter have requested a referral for further investigation. We reviewed red flag symptoms and when to seek urgent care. Your assessment and recommendations regarding further management would be greatly appreciated.

Kind regards.

Dr. Temitope Ismail.

REFERRING PHYSICIAN INFORMATION**Referring Physician Name**

Temitope Ismail

Office Address70 King Street East
Stoney Creek L8G 1K2**Contact Phone**

(289) 760-9550

Contact Fax

(905) 296-3858

Billing Number

051642

Copy To**Referring Physician Signature**