

To: Dr. Aronson

From: Maple Telemedicine

Fax: +1 416-645-2930

Date: Oct 24, 2025 2:08 PM

Subject: Regarding patient SR

Strictly protected and confidential.



Dr. Mazin Yousif
Billing Number #: 024102
Maple Telemedicine Clinic
225 Richmond Street West, Suite 201
Toronto, ON, M5V 1W2
P: (647) 497-7453 | F: (855) 778-2835

Oct 24, 2025

Referral request to: Dr. Aronson
Suite 107, 1929 Bayview Avenue
P: (416) 645-2929 | F: (416) 645-2930

Referring Provider: Dr. Mazin Yousif

Patient: Sakshi Raina
Date of Birth: 2000-01-10
Health card: 2512387909-PB
Address: 100 Harrison Garden Blvd
Tel: (519) 991-7316
Email: sakshi.raina@greenshield.ca

Please see this patient for: Patient has PCOS for your expert opinion.
Has excessive hair growth, irregular period for a while.
On spironolactone.

Past medical history: NA

Medications: NA

Sincerely,

A handwritten signature in black ink that reads "Mazin Yousif".

Dr. Mazin Yousif
Billing Number #: 024102

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*****We ask that you kindly **confirm receipt of this referral by return fax**. Thank you.*****