



Diabetes & Endocrinology

Patient Referral Form

☐ Barrie
 ☐ Brampton
 ☐ Downtown
 ☐ Etobicoke
 ☒ Mid-Toronto
 ☐ Oakville
 ☐ Scarborough
 ☐ Vaughan

PATIENT INFORMATION:

Name: Abrokwa-Ansa Dorcas **DOB:** 03/09/1998 (dd/mm/yyyy)
Health Card: F **Uninsured Specify:**
Address: 32 Boake Street Toronto ON M2J 0S6
 (city) (home #) (work # with extension) (other #)
 (unit) (e-mail address)

☐ Consultation & shared care
 ☐ Consultation only
 ☐ Diabetes Education only
☐ Diabetes Prevention - Health Coaching only
 ☐ Chiropody Assessment
 ☐ Optometry Consultation

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:

The following investigations would be helpful:

<input type="radio"/> Diabetes <input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> GDM	<input type="radio"/> FPG, A1C, Lipids, Renal Function, uACR
<input type="radio"/> Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)	<input type="radio"/> FPG, A1C, Lipids, Renal Function, uACR
<input checked="" type="radio"/> Thyroid	<input type="radio"/> Thyroid function, Relevant imaging
<input type="radio"/> Osteoporosis	<input type="radio"/> BMD report <2 years, other relevant labs
<input type="radio"/> Lipids	<input type="radio"/> TC, LDL, HDL (<3 months), A1C
<input type="radio"/> PCOS	<input type="radio"/> LH, FSH, estrogen, testosterone, A1C
<input type="radio"/> Other (please specify):	

Notes: Hx of Anemia & PCOS **Current Medications:**

newly diagnosed with
 hyperthyroidism - She is asymptomatic

Premier Medical Health Clinic
 Dr. Victor J. Fiorillo
 102-4640 Jane Street
 Toronto, Ontario M3N 2K5
 416-650-5217 (P) 416-650-0583 (F)
 CPSO# 55464 OHIP Billing #277210

Referring Physician Billing #:

Referring Physician Signature:

Date:

New Patient Referrals:

T: 1.866.701.ENDO (3636)

F: referrals@lmc.ca

F: 1.877.LMC.APPT (562.2778)

Med-Health Labs 2025-10-14 14:46:18

Performed By: MED-HEALTH LABORATORIES LTD.

www.mhlab.ca | support@mhlab.ca

PRINTED DATE: 14 OCT 2025 14:44

1218 Lawrence Ave. West, Toronto ON M6A 1E2

PH:(416) 256-7278 FAX:(416) 256-7697

PATIENT: ABROKWA-ANSAH, DORCAS CHART#: 32 BOAKE ST TORONTO, ON M2J 0S6 416 562 4243	OHIP# 1124199113 DATE OF BIRTH: 3 SEP 1998 AGE: 27 SEX: FEMALE	SPECIMEN ACC#: 2510090511 SERVICE DATE: 9 OCT 2025 COLLECTION DATE: 9 OCT 2025 10:55	PHYSICIAN: (2) PDF FAX - MD V J Florillo FAX: (416) 650-0583 REPORT DATE: 10 OCT 2025 0:25 STATUS: FINAL
---	---	--	---

TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
HEMATOLOGY				
WBC	5.6		10**9/L	4.0-11.0
RBC		5.21 H	10**12/L	4.0-5.1
Hemoglobin		118 L	g/L	120-160
Hematocrit	0.374		L/L	0.36-0.48
Platelet Count	390		10**9/L	150-400
MCV		71.8 L	fL	80-98
MCH		22.7 L	pg	27.5-32.5
MCHC		316 L	g/L	320-360
RDW	14.4		%	11.5-14.5
DIFFERENTIAL COUNT				
Neutrophil	3.5		10**9/L	2.0-7.5
Lymphocyte	1.7		10**9/L	1.0-3.5
Monocyte	0.3		10**9/L	0.0-0.8
Eosinophil	0.1		10**9/L	0.0-0.5
Basophil	0.0		10**9/L	0.0-0.2
URINALYSIS				
Specific Gravity	1.017			1.010-1.030
pH	8.0		pH	5.5-8.0
Sugar (Urine)	Negative			
Protein (Urine)	Negative			
Ketone	Negative			
Blood	Negative			
Leukocytes	Negative			
Nitrite	Negative			

GENERAL CHEMISTRY

*****Note:** Starting on October 1, 2023 routine chemistry testing will be performed on a new updated analyzer. The analyzer has been thoroughly validated and clients should note that there are some modifications to the reference ranges with the new methodologies. All reference ranges are shown on the patient reports. Any questions should be directed to the labs chemistry department.

Glucose Fasting	4.6	mmol/L	3.6-6.0
HbA1C	4.9	%	<6.0

Screening: Normal glycemic control

Goal for monitoring Non-Diabetics refer to OAML communique dated May 2015, Available on request

Creatinine	63	umol/L	31-91
------------	----	--------	-------

NOTE TO PATIENTS: Please contact your Health Care Provider for interpretation of this report

NOTE: This laboratory report contains confidential information intended for view by authorized person(s) only and should be disposed of securely (e.g. shredding) before discarding.

If gender is not provided this report cannot specify a range or flag abnormal results.

Med-Health Labs 2025-10-14 14:46:18

Performed By: MED-HEALTH LABORATORIES LTD.
 www.mhlab.ca | support@mhlab.ca PRINTED DATE: 14 OCT 2025 14:44
 1216 Lawrence Ave. West, Toronto ON M6A 1E2 PH:(416) 256-7278 FAX:(416) 256-7697

PATIENT: ABROKWA-ANSAH, DORCAS CHART#: 32 BOAKE ST TORONTO, ON M2J 0S6 416 562 4243	OHIP# 1124199113 DATE OF BIRTH: 3 SEP 1998 AGE: 27 SEX: FEMALE	SPECIMEN ACC#: 2510090511 SERVICE DATE: 9 OCT 2025 COLLECTION DATE: 9 OCT 2025 10:55	PHYSICIAN: (2) PDFFAX - MD V J Fiorillo FAX: (416) 650-0583 REPORT DATE: 10 OCT 2025 0:25 STATUS: FINAL
---	---	--	--

TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
------	--------	----------	-------	-----------------

eGFR 119 >=90

Normal eGFR is described as greater than or equal to 90 ml/min/1.73m²
 *****Effective April 08, 2024, eGFR is calculated using the New 2021 CKD-EPI equation
 KDIGO 2012 guidelines highlighted the importance of eGFR and urine albumin creatinine
 ratio(ACR)in screening, diagnosis and management of CKD. Result for eGFR should be
 interpreted in concert with ACR

Sodium	139		mmol/L	136-145
Potassium	4.3		mmol/L	3.5-5.1
ALT (SGPT)	10		U/L	7-52
Uric Acid	252		umol/L	137-393
Cholesterol	3.75		mmol/L	<5.20
Triglycerides	0.75		mmol/L	<1.70
HDL Cholesterol	1.26		mmol/L	0.59-2.38
LDL Cholesterol	2.14		mmol/L	<3.36
Chol:HDL Ratio	3.0			
NON-HDL Choleste	2.48		mmol/L	

Non-HDL cholesterol is calculated from total cholesterol and HDL-C and is not significantly
 affected by the fasting status of the patient
 overnight fasting and early morning testing no longer needed for many lipid screening tests

LIPID TARGET VALUES

10 years CVD risk Primary Tx Target Aternate Tx Target

High or intermediate (FRS>=10%) LDL <= 2.0 mmol/L or Non-HDL-C <= 2.6 mmol/L
 >=50% decrease in LDL-C

Low(FRS<10%) >=50% decrease in LDL-C

Chol/HDL-C is not included in the 2012 CCS guidelines as a lipid initiation or treatment
 target but is recognized as an indicator of high CVD risk at Chol/HDL-C ratio>6.0

Fasting >10 Hours

Consider the non-HDL-C value as an alternate lipid target if monitoring treatment is
 intermediate or high risk patients.

Bilirubin Total	6		umol/L	5-17
TSH Ultra-sens		0.20 L	mIU/L	0.35-4.94

Asymptomatic patients should generally not be screened for thyroid disease (exceptions
 include pregnant, post-partum, or post-menopausal women). Thyroid function in patients
 with suspected thyroid disease is best assessed with TSH as the sole screening test. It is
 not appropriate to order free-T4 and/or free-T3 in addition to TSH in the initial screen.

NOTE TO PATIENTS: Please contact your Health Care Provider for interpretation of this report

NOTE: This laboratory report contains confidential information intended for view by authorized person(s) only and should be
 disposed of securely (e.g. shredding) before discarding.

If gender is not provided this report cannot specify a range or flag abnormal results.

Med-Health Labs 2025-10-14 14:46:18

Performed By: MED-HEALTH LABORATORIES LTD.

www.mhlab.ca | support@mhlab.ca

PRINTED DATE: 14 OCT 2025 14:44

1215 Lawrence Ave. West, Toronto ON M6A 1E2

PH: (416) 256-7276 FAX: (416) 256-7597

PATIENT: ABROKWA-ANSAH, DORCAS CHART#: 32 BOAKE ST TORONTO, ON M2J 0S6 416 562 4243	OHIP# 1124199113 DATE OF BIRTH: 3 SEP 1998 AGE: 27 SEX: FEMALE	SPECIMEN ACC#: 2510090511 SERVICE DATE: 9 OCT 2025 COLLECTION DATE: 9 OCT 2025 10:55	PHYSICIAN: (2) PDFFAX - MD V J Fiorillo FAX: (416) 650-0583 REPORT DATE: 10 OCT 2025 0:25 STATUS: FINAL
---	---	--	--

TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
------	--------	----------	-------	-----------------

Vitamin B12 350 pmol/L 133-675
Vitamin B12 assays should be considered for assessment of peripheral neuropathy, megaloblastic anemia, or malabsorptive conditions. Routine screening should only be ordered on seniors and then only once every few years. In lieu of testing, oral supplementation should be considered for individuals suspected of vitamin B12 deficiency.

Ferritin 58 ug/L 30-300
*Possible iron deficiency, if risk factors are present (in the absence of concomitant inflammation)
 Effective July 30 2024, Med-Health will start reporting serum Ferritin results as stated in 'Table 3' of the revised OAML guideline (CLP 002) for interpretation as follows:*

<30 µg/L (adult)

<20 µg/L (pediatric)

Consistent with iron deficiency

30-50 µg/L (adult)

20-50 µg/L (pediatric)

Probable iron deficiency (in the absence of concomitant inflammation)

51-100 µg/L

Possible iron deficiency, if risk factors are present (in the absence of concomitant inflammation)

101- 300 µg/L

Iron deficiency unlikely (in the absence of concomitant inflammation)

Pediatric is set as <18 years of age

NOTE TO PATIENTS: Please contact your Health Care Provider for interpretation of this report

NOTE: This laboratory report contains confidential information intended for view by authorized person(s) only and should be disposed of securely (e.g. shredding) before discarding.

If gender is not provided this report cannot specify a range or flag abnormal results.

Med-Health Labs 2025-10-22 15:24:33

Performed By: MED-HEALTH LABORATORIES LTD.

www.mhlab.ca | support@mhlab.ca

PRINTED DATE: 22 OCT 2025 15:23

1215 Lawrence Ave. West, Toronto ON M6A 1E2

PH: (416) 256-7278 FAX: (416) 256-7697

PATIENT: ABROKWA-ANSAH, DORCAS CHART#: 32 BOAKE ST TORONTO, ON M2J 0S6 416 562 4243	OHIP# 1124199113 DATE OF BIRTH: 3 SEP 1998 AGE: 27 SEX: FEMALE	SPECIMEN ACC#: 2510150561 SERVICE DATE: 15 OCT 2025 COLLECTION DATE: 15 OCT 2025 11:08	PHYSICIAN: (2) PDFFAX - MD V J Fiorillo FAX: (416) 650-0583 REPORT DATE: 16 OCT 2025 0:43 STATUS: FINAL
---	---	--	--

TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
------	--------	----------	-------	-----------------

GENERAL CHEMISTRY

*****Note:** Starting on October 1, 2023 routine chemistry testing will be performed on a new updated analyzer. The analyzer has been thoroughly validated and clients should note that there are some modifications to the reference ranges with the new methodologies. All reference ranges are shown on the patient reports. Any questions should be directed to the labs chemistry department.

TSH Ultra-sens	0.17 L	mIU/L	0.35-4.94
----------------	---------------	-------	-----------

Asymptomatic patients should generally not be screened for thyroid disease (exceptions include pregnant, post-partum, or post-menopausal women). Thyroid function in patients with suspected thyroid disease is best assessed with TSH as the sole screening test. It is not appropriate to order free-T4 and/or free-T3 in addition to TSH in the initial screen.

Free T3	6.2 H	pmol/L	3.4-6.0
Free T4	13	pmol/L	8-15

General REF LAB

Thyroid Peroxida **REFERRED OUT**
(DYNA)
Thyroid Peroxidase Antibodies

Dynacare

Medical

Laboratories,

115

Midair

Court,

Brampton,

ON

L6T5M3

NOTE TO PATIENTS: Please contact your Health Care Provider for interpretation of this report

NOTE: This laboratory report contains confidential information intended for view by authorized person(s) only and should be disposed of securely (e.g. shredding) before discarding.

If gender is not provided this report cannot specify a range or flag abnormal results.



Government of Canada
Gouvernement du Canada

UCI: 11-2419-9113

Application Number: L400114663

ACKNOWLEDGEMENT OF CLAIM AND NOTICE TO RETURN FOR INTERVIEW

Family Name: ABROKWA-ANSAH

Given Name: DORCAS

Date of Birth: 1998/09/03 YYYY/MM/DD

This notice acknowledges that the Government of Canada received your refugee claim on
2024/03/20 YYYY/MM/DD.

You are now eligible for health care coverage under the Interim Federal Health Program (IFHP). You are required to undergo an Immigration Medical Examination as part of your refugee claim. The IFHP will cover the cost of this examination. Please present this notice and your IMM 1017 form to the panel physician at your appointment.

You are required to return for an interview with respect to your refugee claim. The details are as follows:

Date:

Time:

Address:

You must bring the following with you:

- This original appointment letter
- 4 original passport-sized photographs

If you are under 18 years of age, you must be accompanied by a parent or legal guardian if he or she resides in Canada.

IMPORTANT:

If you do not appear for your interview, your IFHP coverage may be terminated. In addition, your refugee claim may subsequently be determined to have been abandoned in which case you will be subject to removal from Canada.

Note – If you pay for any medical services or products, you will not be reimbursed.

Health care providers in Canada **MUST** verify the eligibility of the individual with the IFHP claims administrator, Medavie Blue Cross, before providing services. Medavie Blue Cross may be contacted by telephone at 1-888-614-1880, by facsimile at 506-867-4651 or through their website at <https://www.medaviebc.ca/en/health-professionals>.