

**LMC****Diabetes &  
Endocrinology****Patient Referral Form**

☐ Barrie ☐ Brampton ☐ Etobicoke ☐ Mid-Toronto ☐ Oakville ☐ Scarborough ☐ Vaughan/Thornhill

**PATIENT INFORMATION:**

**Name:** Benitez, Jose Santos  
(first n) 17 Greenwood Cres  
**Health Card:** Brampton, L6S 1T2  
(905) 789-8767  
**Address:** 1965-Dec-15 M 5201117974HN  
(numb)

3570  
1378 **DOB:** (dd/mm/yyyy)

**Insured Specify:**

(city)

(postal code)

(e-mail address)

(home #)

(work # with extension)

(other #)

- ☒ Consultation & shared care ☐ Consultation only ☐ Diabetes Education 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 Trace (1-2 weeks)	<input type="radio"/> FPG, A1C, Lipids, Renal Function, uACR
<input checked="" type="radio"/> Thyroid HIGH ANTI-TPO (218)	<input checked="" type="radio"/> Thyroid function, Relevant imaging
<input type="radio"/> Osteoporosis LOW TSH (<0.01)	<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:****Current Medications:**

R/O GRAVES DX.

**Referred By:****DR DANIEL OMOTO****Referring Physician Billing #:**

028903

028903

311-1436 ROYAL YORK ROAD

**Referring Physician Signature:**

ETOBICOKE, ON M9P 3A9

**Date:**

PH: 416 241 4689

24/10/25

**New Patient Referrals:**

T: 1.866.701.ENDO (3636)  
E: referrals@lmc.ca

F: 1.877.LMC.APPT (562.2778)  
W: www.LMC.ca/referrals