

Patient Referral Form

Barrie Mid-Toronto Brampton Etobicoke Markham Oakville Thornhill

PATIENT INFORMATION:

Name:	WALID MOHAMMAD HAMID CHART#: HIN:7581905002 AJ SEX:M DOB:1967-04-04		DOB:	(dd/mm/yyyy)
Health Care	Uninsured Specify:			
Address:	(unit)			
(city)	(postal code)	(e-mail address)		
(home #)	(work # with extension)	(other #)		

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY: The following investigations would be helpful:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Type 1	<input checked="" type="checkbox"/> Type 2	<input type="checkbox"/> GDM	<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR
<input type="checkbox"/> Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)				<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR

Consultation & shared care Consultation only

<input type="checkbox"/> Thyroid	<input type="checkbox"/> Thyroid function, Relevant imaging
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> BMD report <2 years, other relevant labs
<input checked="" type="checkbox"/> Lipids	<input type="checkbox"/> TC, LDL, HDL (<3 months), A1C
<input type="checkbox"/> PCOS	<input type="checkbox"/> LH, FSH, estrogen, testosterone, A1C
<input type="checkbox"/> Other (please specify):	

Notes:

Current Medications:

Uncontrolled DM
 - Lab results enclosed
 - Meds - ezetim, exenat, Janumet, Diamic-

Referred By:

Referring Physician Billing #:

020245

Referring Physician Signature:

Date:

25/10/24

Square Medical Clinic
 Dr. Mohammed Alam, MD, CCFP
 CPSO 85466, OHIP 020245
 WSIB - 980 01 1297
 3225 Specs Rd, Oakville, ON L6K 0J4
 289-831-3311 Fax: 289-831-1964

Patient Information				Results Summary	
Patient Name:	MOHAMMAD WALID	Home Phone:	(905)808-2672	Date of Service:	2025-10-22 07:52
Date of Birth:	1967-04-04	Work Phone:		Date Received:	2025-10-24 07:02
Age:	58 years	Sex:	M	Report Status:	Final
Health #:	7581905002	Patient Location:	GDML	Client Ref. #:	
				Accession #:	96-56324765
Requesting Client:	M.S. ALAM	cc: Client:			

CHEMISTRY

ALBUMIN R U

ALBUMIN RANDOM U	29	N	mg/L	2025-10-22 22:52:41	F
ALBUMIN/CREAT RATIO	1.5	N	≤ 2.99 mg/mmol creat	2025-10-22 22:52:41	F

5-YEAR KFRE

5-YEAR KFRE	≤ 4.99	%	2025-10-23 01:42:36	F
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An eGFR $\geq 60 \text{ mL/min}/1.73\text{m}^2$ and an ACR $< 3 \text{ mg/mmol}$ rules out CKD stage G3-G5 and albuminuria. The KidneyWise toolkit (kidneywise.ca) recommends remeasuring eGFR and urine ACR annually for people with diabetes mellitus and less frequently in others unless clinical circumstances dictate otherwise.

KFRE not indicated when eGFR $\geq 60 \text{ mL/min}/1.73\text{m}^2$

GLUCOSE SERUM FASTING	13.2	H	3.6 - 6.00 3.6 - 6.0 NORMAL FASTING GLUCOSE	mmol/L	2025-10-23 22:38:47	F
			6.1 - 6.9 IMPAIRED FASTING GLUCOSE			
			>6.9 PROVISIONAL DIAGNOSIS OF DIABETES MELLITUS			

CREATININE

CREATININE	76	N	60 - 110.00	μmol/L	2025-10-23 22:38:47	F
eGFR	100	N	60 - 99999.99	mL/min/1.73 m ²	2025-10-23 22:38:47	F

eGFR is calculated using the CKD-EPI 2021 equation

which does not use a race-based adjustment.

HOURS FASTING	12	N	hrs	2025-10-23 22:38:47	F
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CHOLESTEROL	7.20	H	≤ 5.19	mmol/L	2025-10-23 22:38:47	F
Total cholesterol and HDL-C used for risk assessment and to calculate non-HDL-C.						

TRIGLYCERIDES	4.00	H	≤ 1.69	mmol/L	2025-10-23 22:38:47	F
If nonfasting, triglycerides <2.00 mmol/L desired.						

HDL CHOLESTEROL	0.92	L	1.00 - 9999.00	mmol/L	2025-10-23 22:38:47	F
M: ≥1.00 mmol/L HDL-C <1.00 mmol/L indicates risk for metabolic syndrome.						

LDL CHOLESTEROL CALC.

LDL CHOLESTEROL CALC.	4.50	H	≤ 3.49	mmol/L	2025-10-23 22:38:47	F
LDL-C was calculated using the NIH equation.						
For additional LDL-C and non-HDL-C thresholds based on risk stratification,						

Patient Referral Form

- Barrie Mid-Toronto Brampton Etobicoke Markham Oakville Thornhill

PATIENT INFORMATION:

Name: THORPE JULIA CHART#: DOB: (dd/mm/yyyy)
 Health Ca: HIN:2639378872 KW SEX:F DOB:1967-12-16 Uninsured Specify:
 Address: 165 kennedy rd s
brampton,ON L6W 3L3
Home: 647 781 2233 (unit) _____
 (city) _____ (e-mail address) _____
 (home #) _____ (work # with extension) _____ (other #) _____

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:

The following investigations would be helpful:

<input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input checked="" type="checkbox"/> Type 2 <input type="checkbox"/> GDM	<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR
<input type="checkbox"/> Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)	<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR

Consultation & shared care Consultation only

<input type="checkbox"/> Thyroid	<input type="checkbox"/> Thyroid function, Relevant imaging
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> BMD report <2 years, other relevant labs
<input checked="" type="checkbox"/> Lipids	<input type="checkbox"/> TC, LDL, HDL (<3 months), A1C
<input type="checkbox"/> PCOS	<input type="checkbox"/> LH, FSH, estrogen, testosterone, A1C
<input type="checkbox"/> Other (please specify):	

Notes:

Current Medications:

→ Untreated DM
 → Lab - Enclosed

- Met-Candesartan, Fenta

Admet 103.

Referring Physician Billing #:

Referred By: Afem

Referring Physician Signature:

Date:

020245

25/10/24

New Patient Referrals: T: 1.866.701.ENDO (3636) x450 F: 1.877.LMC.APPT (562.2778)

E: referrals@lmc.ca

W: www.LMC.ca/referrals

Patient Name:	JULIA MAY THORPE	Home Phone:	(647) 781-2233	Date of Service:	2025-10-22 10:36:00
Date of Birth:	1967-12-16	Work Phone:		Date Received:	2025-10-23 22:00
Age:	57 years	Sex:	F	Report Status:	complete
Health #:	2639378872	Patient Location:	LIFELABS ONTARIO	Client Ref. #:	85466
Requesting Client: MOHAMMED ALAM		cc: Client: MOHAMMED ALAM, JONATHAN PINTO			

HAEM1

Test	Description	Result	Unit	Ref Range	Time	Date/Time Sampled	Status	Entered By
Complete Blood Count								

WBC	8.0	4.0 - 11.0	x E9/L	2025-10-22 14:21:29	F	5407
RBC	4.57	4.00 - 5.10	x E12/L	2025-10-22 14:21:29	F	
Hemoglobin	137	120- 160	g/L	2025-10-22 14:21:29	F	
Hematocrit	0.418	0.350 - 0.450	L/L	2025-10-22 14:21:29	F	
MCV	92	80 - 100	fL	2025-10-22 14:21:29	F	
MCH	30.0	27.5 - 33.0	pg	2025-10-22 14:21:29	F	
MCHC	328	305 - 360	g/L	2025-10-22 14:21:29	F	
RDW	13.0	11.5 - 14.5	%	2025-10-22 14:21:29	F	
Platelets	267	150 - 400	x E9/L	2025-10-22 14:21:29	F	
Neutrophils	5.3	2.0 - 7.5	x E9/L	2025-10-22 14:21:29	F	
Lymphocytes	1.7	1.0 - 3.5	x E9/L	2025-10-22 14:21:29	F	
Monocytes	0.4	0.2 - 1.0	x E9/L	2025-10-22 14:21:29	F	
Eosinophils	0.5	0.0 - 0.5	x E9/L	2025-10-22 14:21:29	F	
Basophils	0.0	0.0 - 0.2	x E9/L	2025-10-22 14:21:29	F	
Immature Granulocytes	0.0	0.0 - 0.1	x E9/L	2025-10-22 14:21:29	F	
Nucleated RBC	0	/100 WBC	2025-10-22 14:21:29	F		

CHEM1

Test	Description	Result	Unit	Ref Range	Date/Time Sampled	Status	Entered By
Vitamin B12		230	>220	pmol/L	2025-10-22 15:53:32	F	

>220 pmol/L: Normal, deficiency unlikely
 150-220 pmol/L: Borderline, deficiency is possible
 <150 pmol/L: Low, consistent with deficiency

Ferritin	154	ng/L	2025-10-22 16:01:43	F
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In absence of concomitant inflammation, Ferritin levels can be interpreted as follows:

30-50 ug/L: Probable iron deficiency
 51-100 ug/L: Possible iron deficiency, if risk factors are present
 101-300 ug/L: Iron deficiency unlikely
 =>600 ug/L: Consider test for iron overload

In patients with concomitant inflammation, use Iron Studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status.

For guidance, see www.hemequity.com/raise-the-bar

CHEM4

Results indicate mild to moderate CKD. If this is the first result with an eGFR <60, confirm results with repeat eGFR at least 3 months later. A urine ACR measurement is required to stage CKD and further evaluate risk of renal failure. Once results have been confirmed:

If urine ACR >60, 5-year KFRE >=5%, or eGFR declines >5ml/min/1.73m² over a 6 month period, refer to nephrology.

If eGFR remains between 30 and 59ml/min/1.73m² and declines <5ml/min/1.73m² over a 6 month period measure eGFR and urine ACR every 6 months, or annually if eGFR is stable for >=2 years.

See the KidneyWise toolkit (kidneywise.ca) for management recommendations and additional indications that may warrant referral to nephrology in the future.

Reference interval: >=60 mL/min/1.73m²

eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.

CHEM6

Lipid Assessment

Hours After Meal	0		Hours	2025-10-22 15:40:27	F
Triglyceride	2.66	H	mmol/L	2025-10-22 15:40:27	F
	FASTING: <1.70 mmol/L NON-FASTING: <2.00 mmol/L				
Cholesterol	3.37	<5.20	mmol/L	2025-10-22 15:40:27	F
	Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.				
HDL Cholesterol	0.91	L >=1.30	mmol/L	2025-10-22 15:40:27	F
	HDL-C <1.30 mmol/L indicates risk for metabolic syndrome.				
Non HDL Cholesterol	2.46	<4.20	mmol/L	2025-10-22 15:40:27	F
	Non HDL-Cholesterol is not affected by the fasting status of the patient.				
LDL Cholesterol	1.48	<3.50	mmol/L	2025-10-22 15:40:27	F
	LDL-C is calculated using the NIH equation. For additional LDL-C and non-HDL-C thresholds based on risk stratification, refer to 2021 CCS Guidelines. Can J Cardiol. 2021;37(8):1129-1150.				
Cholesterol/HDL Cholesterol	3.7			2025-10-22 15:40:27	F
	Cholesterol/HDL-C is not included in the 2021 CCS guideline as a lipid initiation or treatment target but is recognized as an indicator of high CVD risk at Cholesterol/HDL-C ratio >6.0				

Patient Referral Form

Barrie Mid-Toronto Brampton Etobicoke Markham Oakville Thornhill

PATIENT INFORMATION:

Name:	DOB:	
	(dd/mm/yyyy)	
Heal HIN:5281117258 RL SEX:F DOB:1949-10-11 264 Lake Promenade City: Etobicoke Province: Postal:	Uninsured Specify:	
Add: Etobicoke,ON M8W 1B3 Home: (416)259-4924	(unit) (e-mail address)	
(home #)	(work # with extension)	(other #)
DIABETES/ENDOCRINOLOGY PLEASE SPECIFY: The following investigations would be helpful:		
<input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input checked="" type="checkbox"/> Type 2 <input type="checkbox"/> GDM	<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR	
<input type="checkbox"/> Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)	<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR	
<input type="checkbox"/> Consultation & shared care <input type="checkbox"/> Consultation only		

<input type="checkbox"/> Thyroid	<input type="checkbox"/> Thyroid function, Relevant imaging
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> BMD report <2 years, other relevant labs
<input checked="" type="checkbox"/> Lipids	<input type="checkbox"/> TC, LDL, HDL (<3 months), A1C
<input type="checkbox"/> PCOS	<input type="checkbox"/> LH, FSH, estrogen, testosterone, A1C
<input type="checkbox"/> Other (please specify):	

Notes:

Current Medications:

-Uncontrolled Dm
Med - Januvia, Diamicron
- Metformin

Lah - England

Referred By:

Mr. Alan

J

Referring Physician Billing #:

Referring Physician Signature:

Date:

5225 Speers Rd, Oakville, ON L6K 0J2
Dr. Mohammed Alaa, MD, CCFP
CPSO 55466 OHIP 020245
WSIB 980 017297
Tel: 289-837-3311 Fax: 289-837-1104

Demographic Information			Results Summary		
Patient Name:	FRANCOISE MARIE DOUCETTE	Home Phone:	(416) 259-4924	Date of Service:	2025-10-21 10:39:00
Date of Birth:	1949-10-11	Work Phone:		Date Received:	2025-10-23 17:01
Age:	76 years	Sex:	F	Report Status:	complete
Health #:	5281117258	Patient Location:	LIFELABS ONTARIO	Client Ref. #:	85466
				Accession #:	2025-2Q2940805

Requesting Client: MOHAMMED ALAM

cc: Client: MOHAMMED ALAM

CHEM4

Test Name	Result	Range	Unit	Date/Time Collected	Status	Comments
Glucose Fasting	9.8	H 3.6 - 6.0	mmol/L	2025-10-21 15:48:22	F	\$407

Fasting Glucose greater than or equal to 7.0 mmol/L after an 8 hr fast can be used as a provisional diagnosis of diabetes mellitus. If asymptomatic, a repeat confirmation test using Fasting Glucose, HbA1c, or 75g OGTT must be done.

Hemoglobin A1c

Hemoglobin A1C/Total Hemoglobin

Diabetes Canada 2018 Guidelines:

Screening and Diagnosis:

< 5.7 % Normal
5.7% - 5.9 % At risk
6.0% - 6.4 % Prediabetes
>OR= 6.5 % Diabetes Mellitus***

***Regarding diagnosis: in the absence of symptomatic hyperglycemia, if a single laboratory test result is in the diabetes range, a repeat confirmatory laboratory test (FPG, A1C, 2hPG in a 75 g OGTT) must be done on another day for diagnosis confirmation.

Monitoring: <OR= 7.0 %
Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities.

Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.

Creatinine/GFR

Creatinine	82	50-100	umol/L	2025-10-21 15:48:22	F
Glomerular Filtration Rate (eGFR)	64	See below		2025-10-21 15:48:22	F

Reference interval: =>60 mL/min/1.73m²

eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.

CHEM6

Test Name	Result	Range	Unit	Date/Time Collected	Status	Comments
Lipid Assessment	15		Hours	2025-10-21 15:48:22	F	

MICRO3

Urine Culture

Specimen Source	MIDSTREAM URINE	2025-10-22 15:29:07	F	5687
Collection Date	21-OCT-2025	2025-10-22 15:29:07	F	
Collection Time	10:39	2025-10-22 15:29:07	F	
Culture Status	Final	2025-10-22 15:29:07	F	
Culture Report	Urine Culture NO GROWTH	2025-10-22 15:29:07	F	

5407 - KENNEDY 6560 Kennedy Road Mississauga Ontario L5T 2X4 Canada B

5687 - LifeLabs 100 International Blvd. Toronto Ontario M9W 6J6 Canada B