

## **East GTA Family Health Team**

520 Ellesmere Rd. - 6th Floor, UNIT# 604  
Scarborough ON, Canada  
M1R 0B1

# **Fax Cover Sheet**

To: LMC DIABETES & ENDOCRINOLOGY (\*EGTAFHT LOCATION)  
Phone: (866) 701-3636 Ext: 450  
Fax: (877) 562-2778

Date: 2025-Oct-23

From: Dr. LUBOMIR ALEXOV  
Phone: (647) 693-7401  
Fax: (647) 826-3706

Number of pages including cover: 3

**Confidential: This communication is intended only for the individual or institution to which it is addressed and should not be distributed, copied or disclosed to anyone else. The documents in this communication may contain personal, confidential or privileged information, which may be subject to the Freedom of information and Protection of Privacy Act, the Health Information Act and other legislation. If you have received this communication in error, please notify us immediately and return original transmission to us. Thank you for your co-operation and assistance.**

**Re: Elsa De Fuentes**



# Patient Referral Form

Barrie  Brampton  Etobicoke  Mid-Toronto  Oakville  Scarborough  Vaughan/Thornhill

**PATIENT INFORMATION:**

Name: Esa De Fuentes DOB: 1962-Mar-05  
 (first name) (last name) (dd/mm/yyyy)

Health Card: 3128438953FC Version Code:  Uninsured Specify:

Address: 58 WOODGARDEN CRES  
 (number) TORONTO (street name) M1E 3K2 (unit)   
 (city)  (postal code) (000) 000-0000 (e-mail address)   
 (416) 473-4655 (home #) (work # with extension) (other #)

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

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

Consultation & shared care     Consultation only     Diabetes Education only

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

**Notes:**
**Current Medications:**

NEW ONSET.

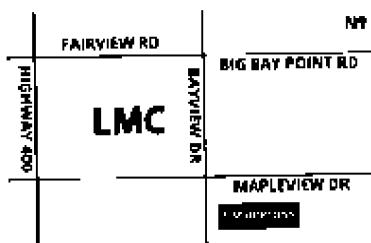
**Active Medications**

2025 Oct 23 JANUMET 50-1000 MG  
 TABLET 1 Tablet(s) Once daily x 3 Mth30

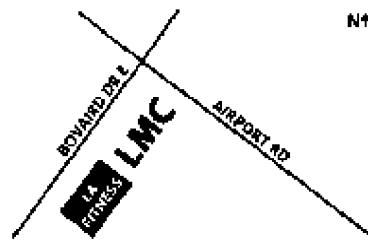
Referred By: LUBOMIR ALEXOV Referring Physician Billing #: 023754  
 520 Elesmere Rd, 6th Floor Scarborough M1R 0B1 Referring Physician Signature:   
 (416) 438-1987 (647) 776-7822 Date: MM/DD/YYYY

New Patient Referrals: T: 1.866.701.ENDO (3636) F: 1.877.LMC.APPT (562.2778)  
E: referrals@lmc.ca W: www.lmc.ca/referrals

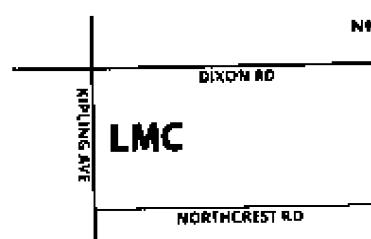
## Our Locations


**N# LMC BARRIE**

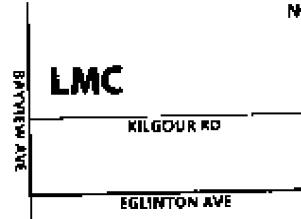
370 Bayview Drive  
Suite 110  
Barrie, ON L4N 8Y2  
  
T 705.737.0830  
F 1.877.562.2778


**N# LMC BRAMPTON**

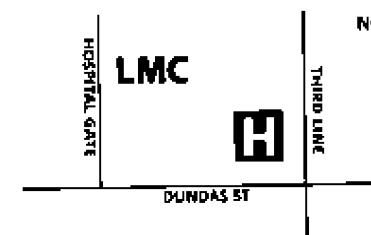
2975 Bovaird Drive E  
Brampton, ON L6S 0C6  
  
T 905.595.0560  
F 1.877.562.2778


**N# LMC ETOBICOKE**

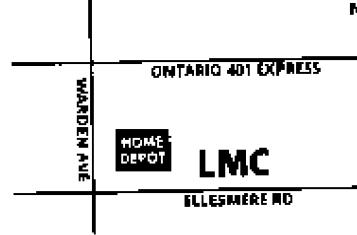
1723 Kipling Avenue  
Suite 2B  
Etobicoke, ON M9R 4E1  
  
T 416.645.1035  
F 1.877.562.2778


**N# LMC MID-TORONTO**

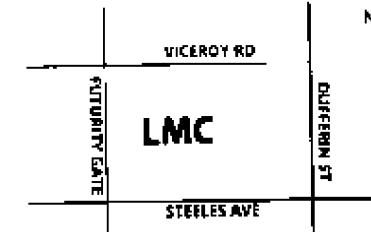
1929 Bayview Avenue  
Suite 107  
Toronto, ON M4G 3E8  
  
T 416.645.2929  
F 1.877.562.2778


**N# LMC OAKVILLE**

3075 Hospital Gate  
Suite 301  
Oakville, ON L6M 1M1  
  
T 905.337.0040  
F 1.877.562.2778


**N# LMC SCARBOROUGH**

520 Ellesmere Road  
Suite G125  
Scarborough, ON M1R 0B1  
  
T 1.866.701.3636  
F 416.309.0495


**N# LMC VAUGHAN/THORNHILL**

1600 Steeles Avenue W  
Unit b  
Vaughan, ON L4K 3B9  
  
T 905.763.8660  
F 1.877.562.2778