



Diabetes & Endocrinology

Patient Referral Form

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PATIENT INFORMATION:

Name:	Benitez, Jose Santos 17 Greenwood Cres Brampton, L6S 1T2 (905) 789-8767	3570 1378	MB: (dd/mm/yyyy)
Health Card:	Insured Specify:		
Address:	1965-Dec-15 M 5201117974BN (house #)	(id)	
	(postal code)	(e-mail address)	
	(home #)	(work # with extension)	(other #)

- Consultation & shared care Consultation only Diabetes Education only
 Chiropractic Assessment Optometry Consultation

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

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	<input type="checkbox"/> GDM	<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR
<input checked="" type="checkbox"/> Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)				<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR
<input checked="" type="checkbox"/> Thyroid: HIGH ANTI-TPO (218)				<input checked="" type="checkbox"/> Thyroid function, Relevant imaging
<input type="checkbox"/> Osteoporosis	LOW TSH (<0.01)			<input type="checkbox"/> BMD report <2 years, other relevant labs
<input 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:

Rx/O GRAVES Dx.

Referred By: DR DANIEL OMOTO
 028903 311-1436 ROYAL YORK ROAD
 ETOBICOKE ON M6P 3A9
 PH: 416 241 4689

Referring Physician Billing #: 028903

Referring Physician Signature: *Ed O*

Date: 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