



**Diabetes &
Endocrinology**

Patient Referral Form

Barrie Brampton Downtown Etobicoke Mid-Toronto Oakville Scarborough Vaughan

PATIENT INFORMATION:

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

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

E: referrals@lmc.ca

F: 1.877.LMC.APPT (562.2778)

W: www.lmc.ca

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	SPECIMEN ACC#: 2510090511	PHYSICIAN: (2) PDFFAX - 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				
SpecificGravity	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				
<p>***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.</p>				
Glucose Fasting	4.6		mmol/L	3.6-6.0
HbA1C	4.9		%	<6.0
<p><i>Screening: Normal glycemic control Goal for monitoring Non-Diabetics refer to OAML communique dated May 2015, Available on request</i></p>				
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.

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 M5A 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	SPECIMEN ACC#: 2510090511	PHYSICIAN: (2) PDFFAX - MD V J Fiorillo FAX: (416) 650-0583 REPORT DATE: 10 OCT 2025 0:25 COLLECTION DATE: 9 OCT 2025 10:55 SEX: FEMALE
---	----------------------------	-------------------------------------	--

TEST	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
eGFR	119			>=90
				Normal eGFR is described as greater than or equal to 90 ml/min/1.73m^2
				*****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 Alrenate 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
 1216 Lawrence Ave. West, Toronto ON M8A 1E2 PH:(416) 256-7276 FAX:(416) 256-7897

PATIENT: ABROKWA-ANSAH, DORCAS CHART#: 32 BOAKE ST TORONTO, ON M2J 0S6 416 562 4243	OHIP# 1124199113	SPECIMEN ACC#: 2510090511	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.

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 M8A 1E2 PH:(416) 256-7278 FAX:(416) 256-7897

PATIENT: ABROKWA-ANSAH, DORCAS CHART#: 32 BOAKE ST TORONTO, ON M2J 0S6 416 562 4243	OHIP# 1124199113	SPECIMEN ACC#: 2510150561	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 Paroxida REFERRED OUT
 (DYNA)
Thyroid Peroxidase Antibodies

DynaLab

Dynacare
 Medical
 Laboratories,
 115
 Midair
 Court,
 Brampton,
 ON
 L6T 5M3

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.

Oct 16, 2025 01:02

To: *14166500583

Page: 1/1

From: GNMI

Fax: 12894345164

ID: 157

GNMI Head Office

Last Name

ABROKWA-ANSAH
Normal ECGHR
PR(ms)
QRS(ms)= 88
≤ 15S
≤ 96

QT/QTc(m)

= 3764000

P Axis

= 23

QRS Axis

= 57

T Axis

= 33

R-R(ms)

= 33

464 Welland Ave

First Name

DORCAS
September 03 1998

PR(ms)

= 15S

QRS(ms)

= 96

QT/QTc(m)

= 3764000

P Axis

= 23

QRS Axis

= 57

T Axis

= 33

R-R(ms)

= 33

Recording doctor: Dr. Renate Helmut Verder

Family doctor:

Referring doctor: Dr. Nadeem Flahie

Gender

F

PR(ms)

= 15S

QRS(ms)

= 96

QT/QTc(m)

= 3764000

P Axis

= 23

QRS Axis

= 57

T Axis

= 33

R-R(ms)

= 33

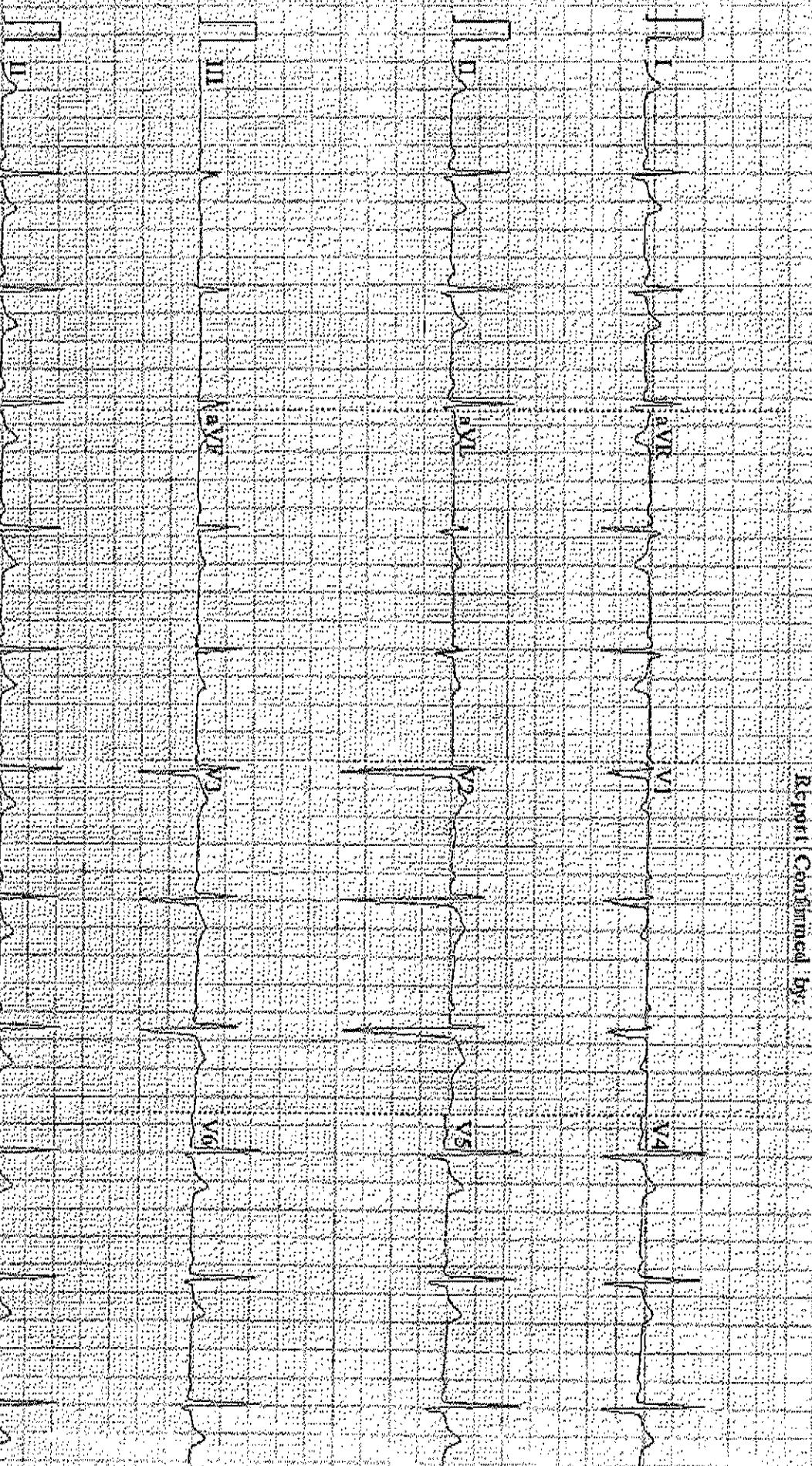
Study Date

October 09 2025

11:00 AM

Report Generated by:

ML





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>.