



150 York Street, Suite 1500, Toronto Ontario M5H 3S5  
**Phone** 416.350.5900  
**Fax** 416.350.5981

## Fax Cover Sheet

To: Dr. Toronto LMC Endocrinology  
Phone: (866) 701-3636  
Fax: 1 (877) 562-2778

Date: Oct 24, 2025

From: Dr. Netta Khayutin  
Phone: (416) 350-5900  
Fax: (416) 350-5981

Number of pages including cover: 4

**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: Lucie Laplante



Oct 24, 2025

150 York Street, Suite 1500 | P: (416) 350-5900  
Toronto, ON M5H 3S5 | F: (416) 350-5981

Dr. LMC Endocrinology  
LMC Endocrinology - Toronto 1929 Bayview Avenue Suite 107  
Toronto, ON M4G 3E8

**Patient:** Mrs. Lucie Laplante  
**PHN:** 6567 024 929WY  
**Birthdate:** Dec 03, 1957  
**Mailing Address:** 948 Birchcliff DriveDouro-DummerONK0L 2H0  
**Phone:** H: (705) 875-8834 W: (\_\_\_\_) \_\_\_\_-\_\_\_\_ C: (705) 875-8834  
**Email:** lucie\_laplante@hotmail.com

### Referring Provider:

Dr. Netta Khayutin  
150 York Street, Suite 1500  
Toronto, ON  
M5H 3S5

**Telephone:** (416) 350-5900

**Fax:** (416) 350-5981

**Billing #:** 033864

**Appointment Date:** Please send appointment details by Fax (416-350-5981)

**Referral Type:** Non-Urgent

**Consultation:** Osteoporosis Metabolic Clinic

### Reason For Referral:

67F Re: Osteoporosis, moderate fracture risk. Please see for further management

**Problem History:** None Recorded

**Medical History:** Basal Cell Carcinoma [ICD9: 17391], Hearing loss [ICD9: 837] - R side,cyst on acoustic nerve, Hypothyroidism [ICD9: 244], Retinal Detachment [ICD9: 3619], Hematuria [ICD9: 5997] - cystscopy N, Osteoporosis [ICD9: 73300]

**Active Medications:** ciprofloxacin HCL 500 mg Oral Tablet [1 Tablet(s) Two times daily X 5 Day(s)], BLEXTEN 20 MG TABLET [take 1 tab daily], SYNTHROID 88 MCG TABLET [1 Tablet(s) Once daily X 3 Mth30] [1 po od

Adjustment: dispense x 30 tabs ], RYALTRIS 665-25MCG/SPRAY NASAL [2 sprays into each nostril bid ], SYNTHROID 88 MCG TABLET [1 Tablet(s) Once daily X 90 Day(s)]

**External Medications:** None Recorded

**Known Allergies:** ? sulfas (Non-Drug Allergy)

As per the 2019 CPSO Transitions in Care Policy, please inform us within 14 days of receipt of this request, whether or not you are able to accept this referral. Please directly book the appointment date and time with the patient, and notify us or copy us on the notification for our records.

Please send the result and/or report to Medcan via fax to 416-350-5981.

Sincerely,

A handwritten signature in black ink, appearing to read "Netta Khayutin".

Netta Khayutin, MD

**Electronically Reviewed to Expedite Delivery**

Enclosures

Oct 10, 2025 - X-Ray Bone Density

Jun 06, 2023 - X-Ray Bone Density

<b>Patient</b>	Laplante, Lucie	<b>Home Phone</b>	<b>Work Phone</b>		
<b>Health #</b>	6567024929WY	<b>Sex</b>	F	<b>Patient ID</b>	223860
<b>Age</b>	67 years				
<b>DOB</b>	Dec 03, 1957				

Ordered By: Khayutin Netta    Reported By: MEDCAN  
 Collection Date: Oct 10, 2025    Reviewed: Oct 14, 2025 by NettaK  
 Updated On: Oct 14, 2025 1:36 PM

### X-Ray Bone Density

#### BONE MINERAL DENSITOMETRY

The Lumbar Spine(L1-L4) BMD measures 0.851 g/cm<sup>2</sup> with a T-score of -2.7

The Left Femoral Neck BMD measures 0.837 g/cm<sup>2</sup> with a T-score of -1.4

The Left Total Hip BMD measures 0.862 g/cm<sup>2</sup> with a T-score of -1.2

#### IMPRESSION

Osteoporosis. Fracture risk is moderate. Compared to prior study from 2023, there has been a statistically significant decrease in the bone density. Nutritional and lifestyle modifications are recommended. A follow-up exam is recommended in 1 years? time.

Interpretation is based on the current guidelines of the CAR and Osteoporosis Canada.

LSC: The least significant change for this clinic has been calculated to be 0.033 g/cm<sup>2</sup> from L2-L4, 0.027 g/cm<sup>2</sup> for femoral neck and 0.024 g/cm<sup>2</sup> for the total hip. Interval BMD changes must exceed these values to be considered statistically significant.

Electronically signed by: James Haroun (Oct 10, 2025 19:49:56)

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Ordered By: Bone Density    Reported By: MEDCAN  
 Collection Date: Jun 06, 2023    Reviewed: Jun 07, 2023 by DimitraT  
 Updated On: Oct 14, 2025 1:36 PM

### X-Ray Bone Density

#### BONE MINERAL DENSITY

This is a 65-year-old woman with a lumbar BMD from L1-L4 of 0.922 g/cm<sup>2</sup>, corresponding to a T score of -2.1.

The femoral neck BMD is 0.838 g/cm<sup>2</sup>, corresponding to a T score of -1.4. The total femoral BMD is 0.893 g/cm<sup>2</sup>, corresponding to a T score of -0.9.

The patient has low bone mass. The 10-year absolute fracture risk is low (7%). The BMD measurements have decreased at both sites since 2015, and the changes at both sites are statistically significant. The patient is on vitamin D supplementation. Consider a 1-year BMD follow-up.

Interpretation is based on the current guidelines of the CAR and Osteoporosis Canada.

LSC: The least significant change for this clinic has been calculated to be 0.033 g/cm<sup>2</sup> from L2-L4, 0.027 g/cm<sup>2</sup> for femoral neck and 0.024 g/cm<sup>2</sup> for the total hip. Interval BMD changes must exceed these values to be considered statistically significant.

Electronically signed by: Carl Bloom (Jun 06, 2023 15:31:32)

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