

**BATHURST LAWRENCE WALK-IN CLINIC**

3077 Bathurst Street, North York, On, M6A 1Z9

Tel: (416) 782-7772

Fax: (416) 782-6664

LMC Bayview/Eglinton

OCT 23 2025

APPOINTMENT

DATE: _____

DATE: P- 416-645-2929 ext 450 TIME: _____

TO: Dear Endocrinologist (LMC)

ADDRESS: F- 416-645-2930

PATIENT INFORMATION:

Feliciano, Karlo Noel Cortez GD 3822

3240 Bathurst Street App 202

Toronto, ON M6A 2B3

M Jul 24, 1996

416-323-3497(H) 647-720-9809(M) 1504 336 767 NJ

F1-277-562-2770

1) DO YOU NOTIFY THE PATIENT DIRECTLY?

YES

NO

2) DO YOU WANT US TO NOTIFY THE PATIENT?

YES

NO

REASON FORREFERRAL: Thank you for seeing this pleasant 29 year
old who is born male but is willing to start hormone therapy
with female hormones.**SIGNIFICANT MEDICAL
HISTORY:**REFERRING PHYSICIAN NAME: DR.
BILLING NUMBER:

031040

Dr. Gholamreza Davoodi

M.D., CCFP

3077 Bathurst St, Toronto, M6A1Z9

Tel: 416 782 7772 Fax: 416 782 6664