

**BATHURST LAWRENCE WALK-IN CLINIC**

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

Tel: (416) 782-7772

Fax: (416) 782-6664

LMC Bayview /Edmonton

OCT 23 2025

APPOINTMENT

DATE: _____

DATE: _____

TIME: _____

TO: Dear Endocrinologist (LMC)**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

ADDRESS: F - 416-645-2929 ext 450
F - 416-645-2930

F 1-877-562-2770

1) DO YOU NOTIFY THE PATIENT DIRECTLY?
 YES NO2) DO YOU WANT US TO NOTIFY THE PATIENT?
 YES NO**REASON FOR**

REFERRAL: 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:

Dr. Gholamreza Davoodi
M.D., CCFP
3077 Bathurst St, Toronto, M6A1Z9
Tel: 4167827772 Fax: 4167826664

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