POLYCLINIC
FAMILY AND SPECIALTY MEDICINE

Polyclinic - Family Medicine
2 Champagne Centre
TORONTO, ON, M3J 0K2
Tel: (416) 222-6160
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Fax Cover Sheet

To: LMC
Phone:
Fax: (877) 562-2778

Date: Oct 23, 2025

From: Dr. Anna Slavina (MCI Polyclinic)
Phone: (416) 222-6160
Fax: (416) 222-9604

Number of pages including cover: 2

Patient Name: ZANKOVICA, VIJA **DOB:** 19/08/1964 *(dd/mm/yyyy)*
Patient Home Number: (000) 000-0000
Patient Cell Number: (705) 905-2589

Notes:

Hello, kindly book in Barrie area. Thank you. Will forward lab result in the next few seconds.

POLYCLINIC
FAMILY AND SPECIALTY MEDICINE

REFERRAL FORM

2 Champagne Drive (Champagne Centre), Toronto, ON M3J 0K2
Tel: 416-222-6160
www.polyclinic.ca hr@polyclinic.ca

PATIENT INFORMATION

Name: VIJA ZANKOVICA
Tel: Home: (000) 000-0000 Cell: (705) 905-2589
Address: 10 Tudor Cres
Barrie ON L4N 0A2
DOB: M 08 / D 19 / Y 1964
HC# 6880788846 VC JW
Referring Physician: Dr. Anna Slavina (MCI Polyclinic)
Provider #: 021788

PLEASE CHECK ALL CONSULTATION AND/OR DIAGNOSTIC SERVICES REQUESTED

SPECIALTY DEPARTMENT UNIT B17 TEL: 416-222-6160 Ext. 268, 269, 277, 278 FAX: 416-645-1978

- ☐ Allergy
- ☐ ENT
- ☐ Audio Testing
- ☐ VNG
- ☐ Endocrinology
- ☐ Gynecology
- ☐ Hepatology
- ☐ Fibroscan
- ☐ Nerve Conduction Study ext 278
- ☐ Nephrology
- ☐ Orthopedic Surgery
- ☐ Plastic Surgery
- ☐ Respirology
- ☐ Urology
- ☐ Vascular Surgery

NEUROLOGY DEPARTMENT UNIT B10 TEL: 416-222-6160 EXT. 255, FAX: 416-645-1979

- ☐ Neurology Consult

PDS CARDIAC IMAGING UNIT B10, TEL: 416 222 6160 EXT.243, FAX: 416 386 1023

Cardiology
- ☐ Cardiology Consult

Cardiac Diagnostic Testing
- ☐ ECG
- ☐ Echocardiogram
- ☐ Stress Test
- ☐ Stress Echocardiogram

Holter Monitor Testing
- ☐ 24 hrs ☐ 48 hrs ☐ 72 hrs
- ☐ 7 day ☐ 14 day ☐ ABPM

Indications
- ☐ Shortness of Breath
- ☐ History of MI / Stroke
- ☐ Angina / Ischemic Heart Disease
- ☐ Palpitations
- ☐ Heart Murmur
- ☐ Dizziness / Lightheadedness
- ☐ Syncope
- ☐ Hypertension
- ☐ High Cholesterol
- ☐ Diabetes
- ☐ Family history of heart disease
- ☐ Atrial Fibrillation / Arrythmias
- ☐ Abnormal ECG
- ☐ Other: _____

NORTH YORK ENDOSCOPY CENTRE UNIT B19 TEL: 416-645-5145 FAX: 416-645-1401

- ☐ General Surgery Consult
- ☐ Gastroenterology Consult
- ☐ Gastroscopy
- ☐ Colonoscopy

NORTH YORK PULMONARY FUNCTION CENTER UNIT B21 TEL: 416-636-6664 FAX: 416-636-8999

- ☐ Respiratory Consult
- ☐ Complete PFT
- ☐ Spirometry
- ☐ Resting Oximetry
- ☐ Methacholine Challenge Testing
- ☐ Pre/Post Bronchodialator

NORTH YORK SLEEP AND DIAGNOSTIC CENTRE UNIT B15 TEL: 416 642 4232 FAX: 416 642 4234

- ☐ Consultation and Sleep Study
- ☐ Consultation Only
- ☐ Sleep Study Only

PDS DIAGNOSTIC IMAGING UNIT B23 TEL: 416-741-2766 FAX: 416-741-6015

- ☐ X-Ray _____
- ☐ BMD _____
- ☐ Mammography
- ☐ Ultrasound _____
- ☐ Vascular Ultrasound _____
- ☐ Biopsy _____
- ☐ Injection _____
- ☐ Other _____

Name of Physician / NP: end Location: _____

Reason for Referral (Required): _____
61 y/o lady w ith hyperthyroidism; and a few nodule; thanks

Signature of Referring Physician / NP: Slavina Date: Oct 22, 2025