



Patient Referral Form

Barrie Bayview Brampton Downtown Etobicoke Oakville Scarborough Vaughan

Patient Name: Sovi Ahouansou **DOB:** 17 / 09 / 1963
 (first name) (last name) (dd/mm/yyyy)

Health #: 8054057966JE **Uninsured Specify:**

Address: 441 Elmwood Ave Apt 103
 (number) (street name) (unit)
 Richmond Hill L4C 1M5 ahouansca@gmail.com
 (city) (postal code) (e-mail address - required)
 () (mobile # - Required) (306) 999-2257 (000) 000-0000 ext. n/a
 (home #) (work # with extension)

Language: ahouansca@gmail.com

LMC uses an English automated phone message system. If preferred spoken language is different, please specify.

- | | | |
|---|--|--|
| <input type="checkbox"/> Consultation & shared care | <input type="checkbox"/> Diabetes Education only | <input type="checkbox"/> Optometry Consultation |
| <input type="checkbox"/> Consultation only | <input type="checkbox"/> Canadian Diabetes Prevention Program (CDPP) | <input type="checkbox"/> Weight Management Program (Downtown only) |
| <input type="checkbox"/> Chiropody Assessment | | |

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:		The following investigations would be helpful:
<input checked="" type="checkbox"/> Diabetes	<input type="checkbox"/> Type 1	<input checked="" type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR
<input type="checkbox"/> Newly Diagnosed Diabetes		<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR
<input 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):		
<input type="checkbox"/> Routine:		
<input type="checkbox"/> Urgent*: _____		

* Expect a 5 business day delay in processing referrals. If an assessment is required sooner, we recommend directing your patient to the nearest Emergency Department, or alternatively, try contacting one of our endocrinologists directly.

Notes:

Current Medications:

Ramipril 5mg, Dapagliflozin 10mg, Rybelsus 3mg, metformin 1gm bd

Referred By: Dr. Ankur Gupta

T: (905) 884-0666

Physician Signature:

Physician Billing #: 051432

Date: 2025-Oct-22

New Patient Referrals:

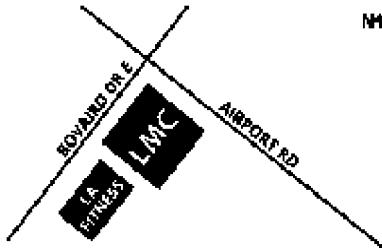
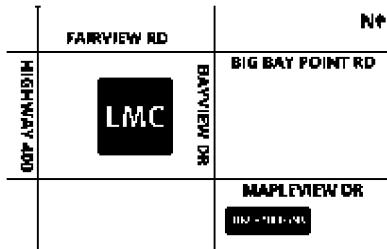
T: 1.866.701.ENDO (3636)
 E: referrals@lmcc.ca

F: 1.877.LMC.APPT (562.2778)
 W: www.LMC.ca/referrals

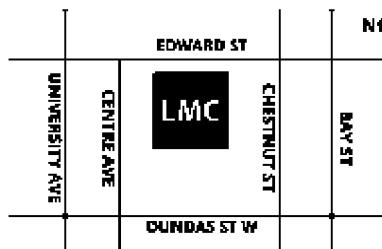


**Diabetes &
Endocrinology**

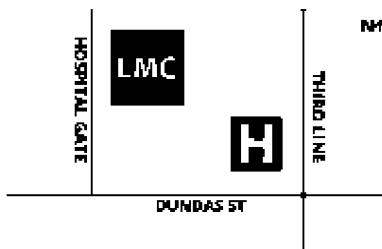
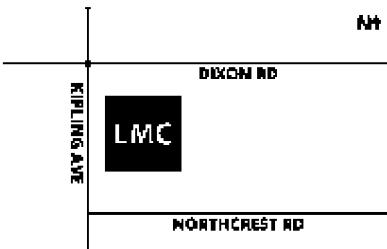
Our Locations



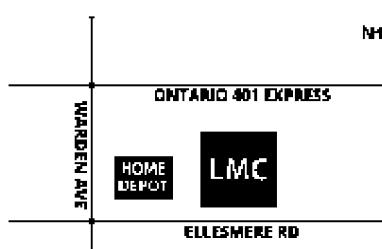
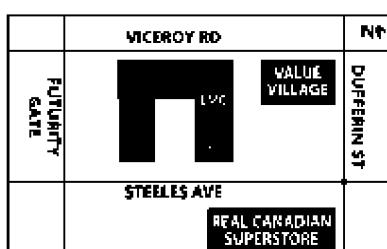
N# **LMC BRAMPTON**
2979 Bovaird Drive E
Brampton, ON L6S 0C6
T 905.595.0560
F 1.877.562.2778



N# **LMC DOWNTOWN TORONTO**
123 Edward Street, Suite 1500
Toronto, ON MSG 0A8
T 416.237.0104
F 1.877.562.2778



N# **LMC OAKVILLE**
3075 Hospital Gate
Suite 301
Oakville, ON L6M 1M1
T 905.337.0040
F 1.877.562.2778



N# **LMC SCARBOROUGH**
520 Ellesmere Road
Suite 214
Scarborough, ON M1R 0B1
T 647.695.3866
F 1.877.562.2778

Patient	AHOUANSOU, SOVI LAMBERT	Home Phone	(306)999-2257	Work Phone	
Health #	8054057966	Sex	M	Patient ID	142243
Age	62 years				
DOB	1963-Sep-17				

Accession Id: Q01992025 (Final)

Ordered By: ROLLA IBRAHIM DR. Reported By: LifeLabs

Collection Date: 2025-Jul-18

Service Date: 2025-Jul-18

Report Date: 2025-Jul-19 5:30 PM

	Results	Flags	Ref Range	Test Loc
ROUTINE CHEMISTRY I				
HbA1C	7.8	HI	< 6.0	%
Diabetes Canada 2018 Guidelines:				

Screening and Diagnosis:				
< 5.7 % Normal				
5.7% - 6.4 % At risk				
6.5% - 7.4 % Prediabetes				
>OR= 7.5 % Diabetes Mellitus***				

***Regarding diagnosis: in the absence of symptomatic hyperglycemia, if a single laboratory test result is in the diabetes range, a repeat confirmatory laboratory test (FPG, A1C, 2hPG in a 75 g OGTT) must be done on another day for diagnosis confirmation.				

Monitoring: <OR= 7.0 %				
Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities.				

Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.				

10 - 100 INTERNATIONAL BLVD TORONTO M9W 6J6 1(877)849-3637

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RENAL ASSESSMENT =====				
CREATININE	82		67 - 117	umol/L
eGFR	94		See below	
Reference interval: =>60 mL/min/1.73m ²				
eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.				
5-YEAR KFRE	NOT APPLICABLE		< 5	%
Results rule out CKD stage 3-5 and albuminuria. The KidneyWise toolkit (kidneywise.ca) recommends remeasuring eGFR and urine ACR annually for people with diabetes mellitus and less frequently in others unless clinical circumstances dictate				

ALBUMIN-RANDOM URINE	otherwise. 9	mg/L
CREATININE-RANDOM URINE	No reference interval has been established for this test. 7.8	mmol/L
ALBUMIN CREATININE RATIO	No reference interval has been established for this test. 1.2	< 3.0 mg/mmol
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ROUTINE CHEMISTRY				
URIC ACID	309		230 - 480 umol/L	10
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	Results	Flags	Ref Range	Test Loc
URINALYSIS: CHEMICAL				
COLLECTION DATE	18-JUL-2025			10
COLLECTION TIME	16:36			
APPEARANCE	CLEAR		Clear	
COLOUR	YELLOW		Yellow	
SPECIFIC GRAVITY	1.020			
pH	6.0		5.0 - 8.0	
PROTEIN	NEGATIVE		Negative	g/L
GLUCOSE	>=55	HI	Negative	mmol/L
KETONE	NEGATIVE		Negative	mmol/L
BLOOD	NEGATIVE		Negative	RBC/uL
NITRITE	NEGATIVE		Negative	
LEUKOCYTES	NEGATIVE		Negative	WBC/uL
CHEMCOM	Please see https://tests.lifelabs.com/s/article/URINALYSIS-CHEMICAL-Ontario for alternative reporting units.			
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