

**LMC****Diabetes &  
Endocrinology**

# 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)  
( ) - (306) 999-2257 (000) 000-0000 ext. n/a  
(mobile # - Required) (home #) (work # with extension)

**Language:** ahouansca@gmail.com

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

- ☐ Consultation & shared care ☐ Diabetes Education only ☐ Optometry Consultation  
☐ Consultation only ☐ Canadian Diabetes Prevention Program (CDPP) ☐ Weight Management Program  
☐ Chiropody Assessment (Downtown only)

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:	The following investigations would be helpful:
<input type="radio"/> Diabetes <input type="radio"/> Type 1 <input type="radio"/> Type 2 <input type="radio"/> GDM	<input type="radio"/> FPG, A1C, Lipids, Renal Function, uACR
<input type="radio"/> Newly Diagnosed Diabetes	<input type="radio"/> FPG, A1C, Lipids, Renal Function, uACR
<input type="radio"/> Thyroid	<input type="radio"/> Thyroid function, Relevant imaging
<input type="radio"/> Osteoporosis	<input type="radio"/> BMD report <2 years, other relevant labs
<input type="radio"/> Lipids	<input type="radio"/> TC, LDL, HDL (<3 months), A1C
<input type="radio"/> PCOS	<input type="radio"/> LH, FSH, estrogen, testosterone, A1C
<input type="radio"/> Other (please specify):	
<input type="radio"/> Routine:	
<input type="radio"/> 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

**Physician Billing #:** 051432

T: (905) 884-0666

**Physician Signature:**

**Date:** 2025-Oct-22

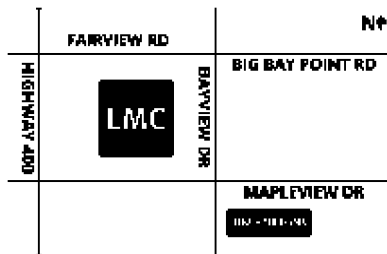
**New Patient Referrals:**

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

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

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Endocrinology**

## Our Locations

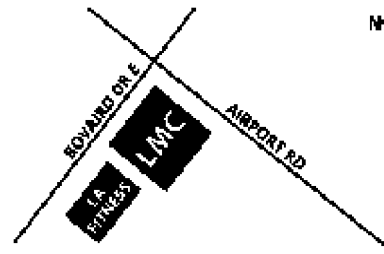


N↑

**LMC BARRIE**

370 Bayview Drive  
Suite 110  
Barrie, ON L4N 8Y2

T 705.737.0830  
F 1.877.562.2778



N↑

**LMC BRAMPTON**

2979 Bovaird Drive E  
Brampton, ON L6S 0C6

T 905.595.0560  
F 1.877.562.2778

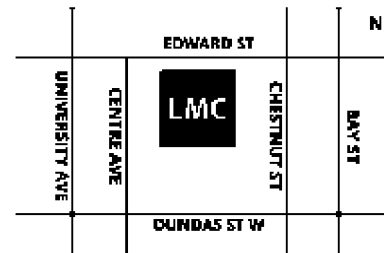


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**LMC BAYVIEW**

1929 Bayview Avenue  
Suite 107  
Toronto, ON M4G 3E8

T 416.645.2929  
F 1.877.562.2778

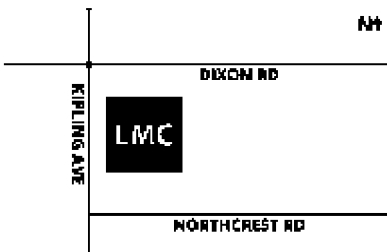


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**LMC DOWNTOWN TORONTO**

123 Edward Street, Suite 1500  
Toronto, ON M5G 0A8

T 416.237.0104  
F 1.877.562.2778

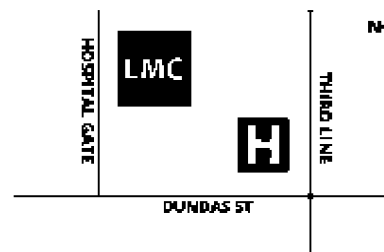


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**LMC ETOBICOKE**

1723 Kipling Avenue  
Suite 2B  
Etobicoke, ON M9R 4E1

T 416.645.1035  
F 1.877.562.2778

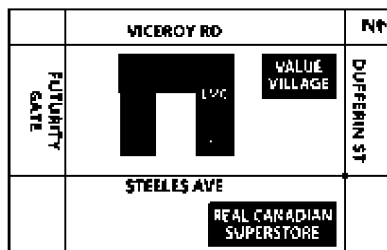


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**LMC OAKVILLE**

3075 Hospital Gate  
Suite 301  
Oakville, ON L6M 1M1

T 905.337.0040  
F 1.877.562.2778

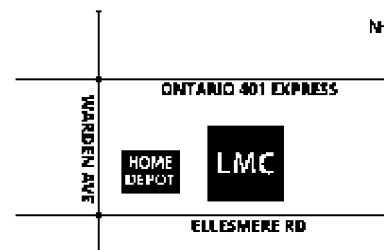


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**LMC VAUGHAN**

1600 Steeles Avenue W  
Unit 5  
Vaughan, ON L4K 3B9

T 905.763.8660  
F 1.877.562.2778



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**LMC SCARBOROUGH**

520 Ellesmere Road  
Suite 214  
Scarborough, ON M1R 0B1

T 647.695.3866  
F 1.877.562.2778

Patient	AHOUANSON, 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	%	10
	Diabetes Canada 2018 Guidelines:				
	-----				
	Screening and Diagnosis:				
	< 5.5 % Normal				
	5.5% - 5.9 % At risk				
	6.0% - 6.4 % Prediabetes				
	>OR= 6.5 % 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.				
0 - 100 INTERNATIONAL BLVD TORONTO M9W 6J6 1 (877) 849-3637					

Accession Id: Q01992025 (Final)  
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Report Date: 2025-Jul-19 5:30 PM

	Results	Flags	Ref Range		Test Loc
<b>RENAL ASSESSMENT =====</b>					
CREATININE	82		67 - 117	umol/L	10
eGFR	94		See below		
	Reference interval: =>60 mL/min/1.73m2  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
	No reference interval has been established for this test.		
CREATININE-RANDOM URINE	7.8		mmol/L
	No reference interval has been established for this test.		
ALBUMIN CREATININE RATIO	1.2	< 3.0	mg/mmol
10 - 100 INTERNATIONAL BLVD TORONTO M9W 6J6 1 (877) 849-3637			

Accession Id: Q01992025 (Final)  
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	Results	Flags	Ref Range		Test Loc
<b>ROUTINE CHEMISTRY</b>					
URIC ACID	309		230 - 480	umol/L	10
10 - 100 INTERNATIONAL BLVD TORONTO M9W 6J6 1 (877) 849-3637					

Accession Id: Q01992025 (Final)  
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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.				
10 - 100 INTERNATIONAL BLVD TORONTO M9W 6J6 1 (877) 849-3637					