

Dr. M. Shafiq Qaadri

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Toronto, Ontario M6R 2K2

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### Referral Form

For Dr. *Kipling Endocrinologist*

Patient's Last Name:- *Gopalakrishnan*

First Name:- *ARUN*

Sex:- ☒ M ☐ F

Address:- *128 Thistle Down Blvd  
Toronto, Ont. M9V 1J8*

Telephone:- *1705-772 2780*

Date of Birth:- *1990-07-17*


Health Card Number:- *Endocrinologist*

Diagnosis/ Reason for Referral:- *Thyroid*

Current Medications:-

Date:-

*Oct 10/25*

  
Dr. M. Shafiq Qaadri  
(OHIP Billing No. 017384)