



Patient Referral Form

☐ Barrie ☐ Mid-Toronto ☐ Brampton ☐ Etobicoke ☐ Markham ☐ Oakville ☒ Thornhill

PATIENT INFORMATION:

Name: MARSHALL ROSS DOB: 20 / 06 / 1948
(first name) (last name) (dd/mm/yyyy)
Health Card: 2745193173NF Version Code: _____ Uninsured Specify: _____
Address: 2 TWIN CIRCLE COURT
(number) (street name) (unit)
TORONTO M2R3L4
(city) (postal code) (e-mail address)
(416)665-9124
(home #) (work # with extension) (other #)

DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:

The following investigations would be helpful:

☐ Diabetes ☐ Type 1 ☐ Type 2 ☐ GDM

☐ FPG, A1C, Lipids, Renal Function, uACR

☐ Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)

☐ FPG, A1C, Lipids, Renal Function, uACR

☐ Consultation & shared care

☐ Consultation only

<input type="checkbox"/> Thyroid	<input checked="" type="checkbox"/> 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):	

Notes:

Current Medications:

77 year old male

c/o high TSH and low vit D despite being on max doses

I follow him along for his thyroid nodule

Referred By: Dr. Jeremy Freeman

Referring Physician Billing #: 205849

401-600 University Avenue

Referring Physician Signature: [Signature]

Toronto M5G 1X5

Date: 2025-Oct-23

New Patient Referrals: T: 1.866.701.ENDO (3636) x450 F: 1.877.LMC.APPT (562.2778)
E: referrals@lmc.ca W: www.LMC.ca/referrals

Patient: MARSHALL ROSS **Appointment Date:** 2025-Oct-16
Title: *Note
Provider: Freeman, Jeremy **Referred By:** Pellow, Robin
His ultrasound is unchanged. He has thyroiditis in his residual left lobe.
His vit d level was low last year. On 3000 iu liquid form now.
Will check labs today.

Patient: MARSHALL ROSS **Appointment Date:** 2024-Oct-29
Title: *Telephone with time
Provider: Freeman, Jeremy **Referred By:** Pellow, Robin
3:52 PM -

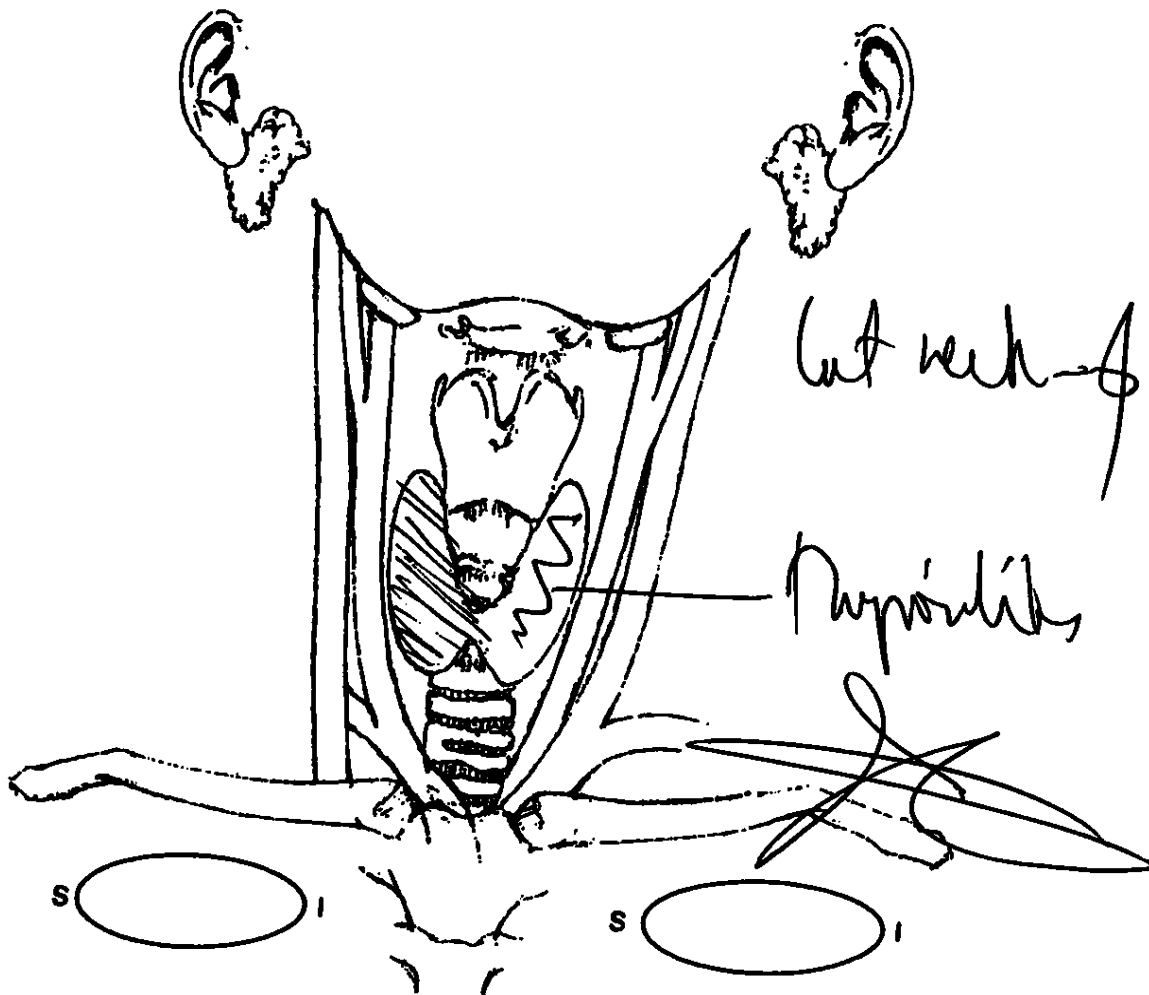
Informed verbal consent was obtained from this [patient|patient's daughter|patient's son|patient's wife|patient's husband] to communicate and provide care using virtual and other telecommunications tools. I explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We discussed that care provided through audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and the the need to seek urgent care in an Emergency Department as necessary.

labs discussed
vit d is low
advised to go on 1000 iu per day thru the winter

Patient: MARSHALL ROSS **Appointment Date:** 2024-Oct-23
Title: *Note
Provider: Freeman, Jeremy **Referred By:** Pellow, Robin
us no change
see one year
labs today

Department of Otolaryngology
Head and Neck Surgery
Ultrasound Report

ROSS, MARSHALL male
1948-Jun-20 4166659124
MRN: 801037490 ON 2745 193 173NF
2 TWIN CIRCLE COURT, TORONTO M2R3L4
401 ENT 2025-Oct-16



	R	L
Calcification	<input type="radio"/>	<input type="radio"/>
Hyper vascularity	<input type="radio"/>	<input type="radio"/>
Border	<input type="radio"/>	<input type="radio"/>

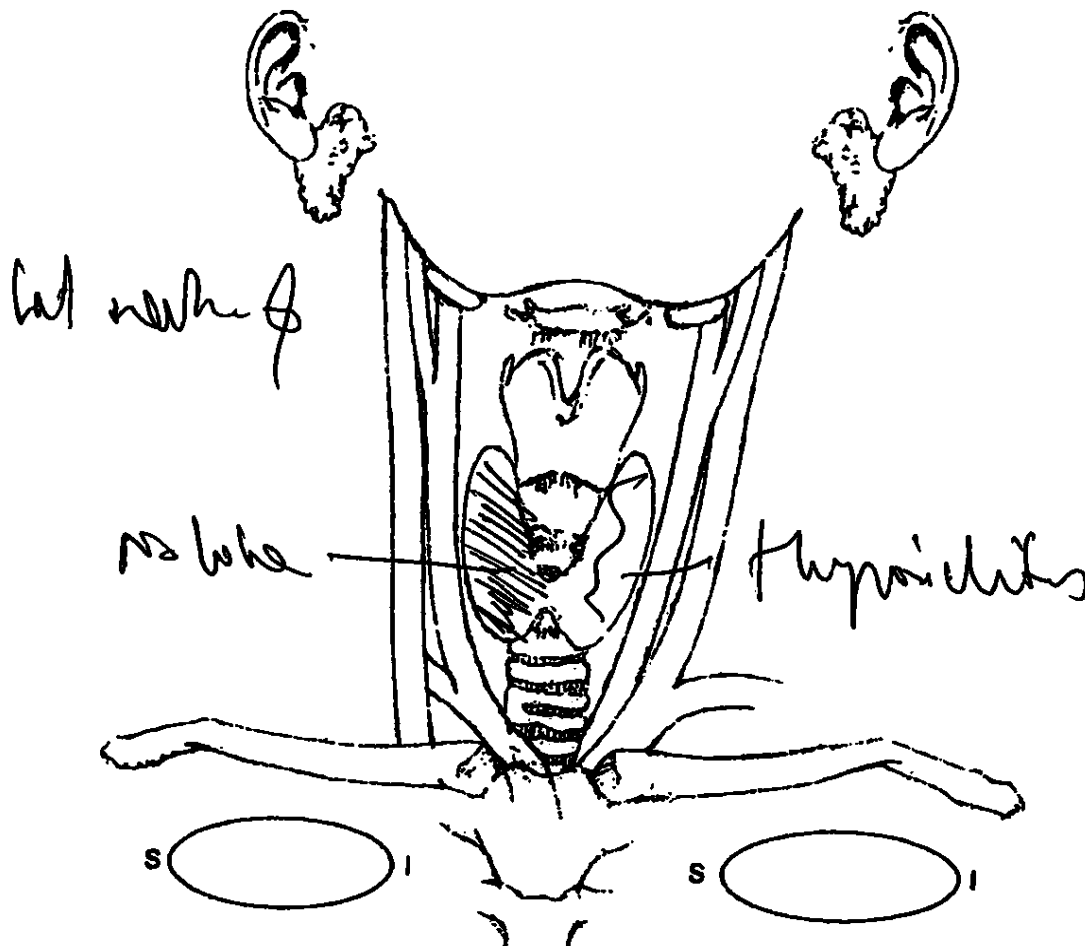
	Hype	Iso	Hyper
Echogenicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dx _____

Signature _____

**Department of Otolaryngology
Head and Neck Surgery
Ultrasound Report**

ROSS, MARSHALL male
1948-Jun-20 4186659124
MRN: 801037490 ON 2745 193 173NF
2 TWIN CIRCLE COURT, TORONTO M2R3L4
401 ENT 2024-Oct-23



	R	L
Calcification	<input type="checkbox"/>	<input type="checkbox"/>
Hypervascularity	<input type="checkbox"/>	<input type="checkbox"/>
Border	<input type="checkbox"/>	<input type="checkbox"/>

	Hype	Iso	Hyper
Echogenicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dx

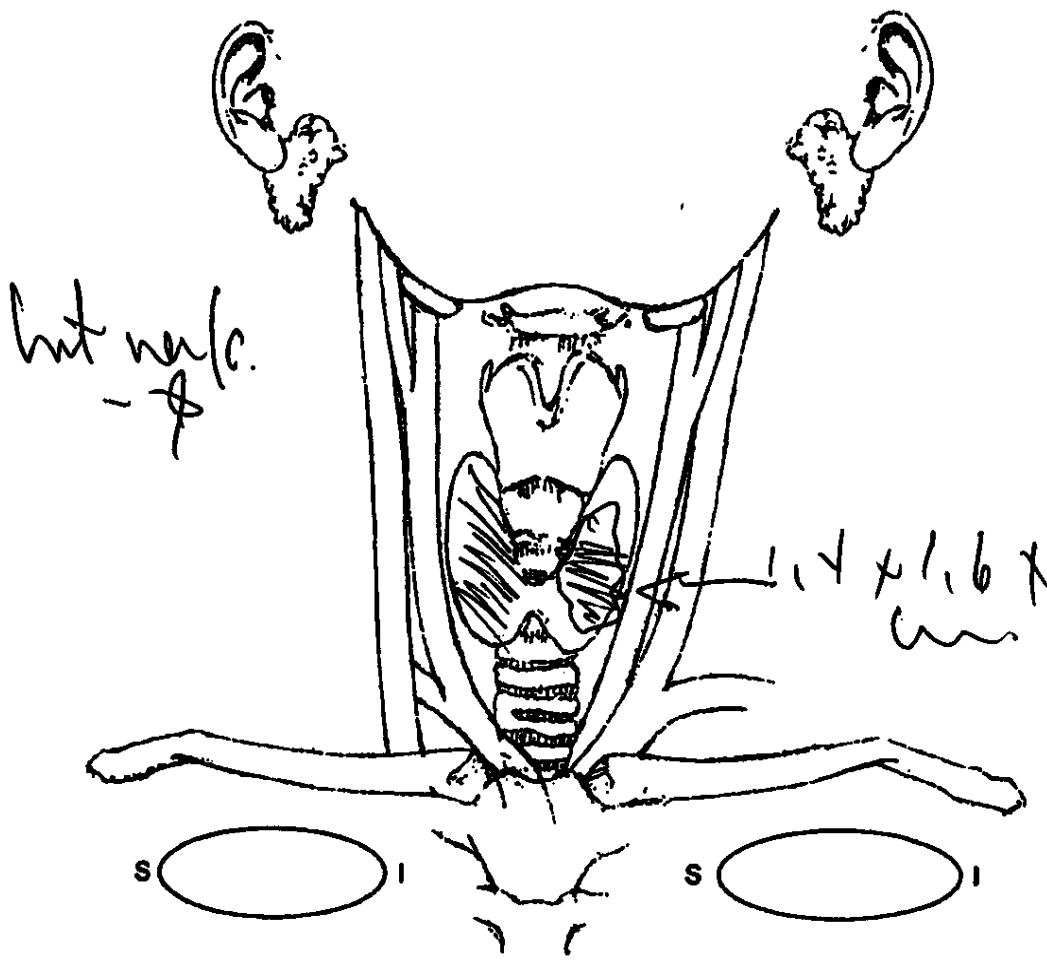
U/S NO 1

Signature

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Department of Otolaryngology
Head and Neck Surgery
Ultrasound Report

ROSS, MARSHALL male
1948-Jun-20 4166659124
MRN: 801037490 ON 2745 193 173NF
2 TWIN CIRCLE COURT, TORONTO M2R3L4
401 ENT 2023-Oct-18



	R	L
Calcification	<input type="checkbox"/>	<input type="checkbox"/>
Hypervascularity	<input type="checkbox"/>	<input type="checkbox"/>
Border	<input type="checkbox"/>	<input type="checkbox"/>

	Hype	Iso	Hyper
Echogenicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dx

U/S Nu A

Signature

Patient	ROSS, MARSHALL	Home Phone	(416)665-9124	Work Phone	(416)409-8664
Health #	2745193173NF	Sex	M	Patient ID	38494
Age	77 years				
DOB	1948-Jun-20				

Lab Order #: ZW1601257

Ordered By: FREEMAN DR. JEREMY LOUIS 30078

Collection Date: 2025-Oct-16

Updated On: 2025-Oct-16 2:18 PM

Reported By: MSH

Reviewed: 2025-Oct-16 by LBekic

	Flags	Results	Ref Range	
Serum Ionized Calcium (Final)				
pH Serum (Final)		7.39	7.35 - 7.45	
Hydronium Ion serum (Final)		41		nmol/L
Calcium Ionized (Final)		1.28	1.17 - 1.33	mmol/L
Ca Ionized,pH-Corr (Final)		1.27	1.17 - 1.33	mmol/L

Lab Order #: ZW1601257

Ordered By: FREEMAN DR. JEREMY LOUIS 30078

Collection Date: 2025-Oct-16

Updated On: 2025-Oct-16 2:18 PM

Reported By: MSH

Reviewed: 2025-Oct-16 by LBekic

	Flags	Results	Ref Range	
Calcium Total Plasma (Final)				
Protein Total Plasma (Final)		70.8	60.0 - 80.0	g/L
Calcium Total Plasma (Final)		2.36	2.20 - 2.60	mmol/L

Lab Order #: ZW1601257

Ordered By: FREEMAN DR. JEREMY LOUIS 30078

Collection Date: 2025-Oct-16

Updated On: 2025-Oct-16 2:18 PM

Reported By: MSH

Reviewed: 2025-Oct-16 by LBekic

	Flags	Results	Ref Range	
Parathyrin(Intact PTH) Plasma (Final)				
Parathyrin(Intact PTH) Plasma (Final)	H	7.2	1.6 - 6.9	pmol/L
Intact Parathyroid Hormone				

Lab Order #: ZW1601257

Ordered By: FREEMAN DR. JEREMY LOUIS 30078

Collection Date: 2025-Oct-16

Updated On: 2025-Oct-16 2:18 PM

Reported By: MSH

Reviewed: 2025-Oct-16 by LBekic

	Flags	Results	Ref Range	
Thyrotropin (TSH) (Final)				
Thyrotropin (TSH) (Final)	H	6.92	0.40 - 4.00	mIU/L

Lab Order #: ZW1601257

Ordered By: FREEMAN DR. JEREMY LOUIS 30078

Collection Date: 2025-Oct-16

Updated On: 2025-Oct-16 2:18 PM

Reported By: MSH

Reviewed: 2025-Oct-16 by LBekic

	Flags	Results	Ref Range	
25-OH-Vitamin D (Final)				
25-OH-Vitamin D (Final)	L	50	75 - 225	nmol/L
25-Hydroxy-Vitamin D (Calcidiol) reference ranges:				
>600: Excess vitamin D, potential hypercalcemia				
<225: Physiologic exposure to ultraviolet light				
>75: Desirable optimal to prevent fractures				
>55: Normal paediatric (TARGet Kids)				

<40: Insufficient (expected elevated PTH)
<25: Deficient (rickets or osteomalacia)
Conversions: 1 nmol/L = 0.4 ng/mL; 1 ng/mL = 2.5 nmol/L

25-OH Vitamin D results may be inaccurate in neonatal samples when values exceed 150 nmol/L. Results should be interpreted in light of the clinical picture and calcium levels.

Lab Order #: ZK2301632
Ordered By: FREEMAN DR. JEREMY LOUIS 30078 Reported By: MSH
Collection Date: 2024-Oct-23 Reviewed: 2024-Oct-23 by LBekic
Updated On: 2025-Oct-16 2:18 PM

	Flags	Results	Ref Range	
Calcium Total Serum (Final)				
Protein Total Ser (Final)		65.4	60.0 - 80.0	g/L
Calcium Total Ser (Final)		2.38	2.20 - 2.60	mmol/L

Lab Order #: ZK2301632
Ordered By: FREEMAN DR. JEREMY LOUIS 30078 Reported By: MSH
Collection Date: 2024-Oct-23 Reviewed: 2024-Oct-23 by LBekic
Updated On: 2025-Oct-16 2:18 PM

	Flags	Results	Ref Range	
Parathyrin(Intact PTH) Plasma (Final)				
Parathyrin(Intact PTH) Plasma (Final)		6.4	1.6 - 6.9	pmol/L
	Intact Parathyroid Hormone			

Lab Order #: ZK2301632
Ordered By: FREEMAN DR. JEREMY LOUIS 30078 Reported By: MSH
Collection Date: 2024-Oct-23 Reviewed: 2024-Oct-23 by LBekic
Updated On: 2025-Oct-16 2:18 PM

	Flags	Results	Ref Range	
Thyrotropin (TSH) (Final)				
Thyrotropin (TSH) (Final)		1.20	0.40 - 4.00	mIU/L

Lab Order #: ZK2301632
Ordered By: FREEMAN DR. JEREMY LOUIS 30078 Reported By: MSH
Collection Date: 2024-Oct-23 Reviewed: 2024-Oct-23 by LBekic
Updated On: 2025-Oct-16 2:18 PM

	Flags	Results	Ref Range	
25-OH-Vitamin D (Final)				
25-OH-Vitamin D (Final)	L	72	75 - 225	nmol/L
25-Hydroxy-Vitamin D (Calcidiol) reference ranges:				
>600: Excess vitamin D, potential hypercalcemia				
<225: Physiologic exposure to ultraviolet light				
>75: Desirable optimal to prevent fractures				
>55: Normal paediatric (TARGet Kids)				
<40: Insufficient (expected elevated PTH)				
<25: Deficient (rickets or osteomalacia)				
Conversions: 1 nmol/L = 0.4 ng/mL; 1 ng/mL = 2.5 nmol/L				

25-OH Vitamin D results may be inaccurate in neonatal samples when values exceed 150 nmol/L. Results should be interpreted in light of the clinical picture and calcium levels.

Lab Order #: ZK2301632
Ordered By: FREEMAN DR. JEREMY LOUIS 30078 Reported By: MSH
Collection Date: 2024-Oct-23 Reviewed: 2024-Oct-23 by LBekic

	Flags	Results	Ref Range	
Serum Ionized Calcium (Final)				
pH Serum (Final)		7.42	7.35 - 7.45	
Hydronium Ion serum (Final)		38		nmol/L
Calcium Ionized (Final)		1.25	1.17 - 1.33	mmol/L
Ca Ionized,pH-Corr (Final)		1.26	1.17 - 1.33	mmol/L