

North Toronto Allergy

Specialists in Pediatric and Adult Allergy
and Clinical Immunology

☎ 416-224-9333

📠 416-224-8146

📍 3292 Bayview Ave, Suite 301
North York, ON, M2M 4J5

Referral Form

Patient Information (Affix patient label)

Patient Name:

Gender (M/F):

OHIP Number:

Address:

Date of Birth (dd/mm/yy):

City:

Phone Number:

Postal code:

Family Doctor:

Reason for Referral

Requested consultant:

*Available in other languages

First available

Dr. Lucy Duan *Mandarin

Dr. Shama Sud

Dr. Audrey Segal

Dr. Melanie Conway

Dr. Jane Park *Korean

Clinical Information:

Anaphylaxis

Eczema

Penicillin allergy

Asthma

Food allergy

Urticaria

Other drug allergy

Venom allergy

Allergic rhinitis

Angioedema

Immunodeficiency

Other

Referral Priority:

Urgent

Routine

Referring Physician Information:

Physician Name

Phone Number

Address

Fax Number

Billing Number

Signature

Date

Please fax all referrals to 416-224-8146