

Please Fax Referrals To **604-914-2551**

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"Multispecialty Medical Clinic ~ In-Person and/or by Telemedicine"

AROGA LIFESTYLE MEDICINE (COMMON ELIGIBLE CONDITIONS): Obesity and Obesity Related Disease	
CARDIAC DIAGNOSTICS 24-Hour BP Monitor	☐ Fitness To Exercise ☐ Syncope Consult ☐ Other
GENERAL INTERNAL MEDICINE and PERIOPERATIVE MEDICINE Reason for referral (please append a referral letter with details): If Pre-op, what is the proposed OR date:	
Click one: VERY URGENT (within days) URGENT (within 3 weeks)	NONURGENT (>3 weeks)
ANEMIA and/or IRON DEFICIENCY Anemia/Iron Deficiency Consultation General Hematological Disorder Iron Infusion (private service, infusion fee applicable) ****Please ensure the patient provided with a prescription for Venofer or Monoferric and order to infuse **BARIATRIC MEDICINE Bariatric Medicine Consult provided by ABOM certified General Internists and bariatric specialized Registered Dieticians, this service assesses and prepares **FUNCTIONAL DISORDERS Fibromyalgia and Chronic Fatigue Irritable Bowel Syndrome Internal Medicine Consult (with special interest in these conditions) provides guideline-based investigations into alternative causes and,	
patients for bariatric surgery. Once criteria are met, patients are referred on to Bariatric Surgery when appropriate, provides patients with current treatments.	
PATIENT REFERRAL	
NAME	M F
PHN	DATE OF BIRTH
TELEPHONE	CELL PHONE
ADDRESS	EMAIL
DIAGNOSIS	
REFERRING MD	MSP#
REFERRING	REFFERING PRACTITIONER
COPIES TO	

Please provide and append as much pertinent data as possible. Eg: Lab Reports, Consultant Reports, Imaging Reports, etc. You will get notified about your patient's booked appointment time and date. All consult notes will be sent to your office via fax.

PLEASE SEND ALL REFERRALS TO THE CENTRAL FAX LINE: (604) 914 2551

MD Signature _