



## Weight Loss Referral

Fax: 1-833-694-1522

### Referring Physician

Name:	
Billing Number:	
Signature:	

### Patient Information

Name:	Date of Birth:
Phone	Address:
Mobile:	
Home:	
Email:	Health card:

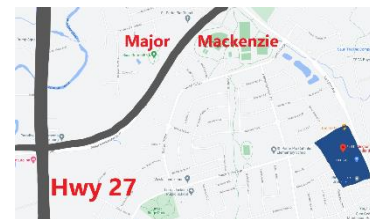
Please attach medications, medical history, and relevant bloodwork

### Preferred Location

Sharon, East Gwillimbury  
(Leslie Street and Mount Albert)  
19101B Leslie Street East



Vaughan  
(Major Mackenzie and Hwy 27)  
9600 Islington Avenue



Telemedicine via OTN  
Available for all patients

