

REFERRAL FORM**Allergy and Immunology**

- Dr. Shun Chi Ryan Lo** - MSP 37875
 (Cantonese)

Cardiology

- Dr. Petsy So** - MSP 82912
 (Cantonese & Mandarin)
- Dr. Siu Him Chan** - MSP 67106
 (Cantonese & Mandarin)
- First available

General Internal Medicine

- Dr. Peter Ling** – MSP 66091
 (Cantonese & Mandarin)
- Dr. Yong Dong You** - MSP 29848
 (Mandarin)
- Dr. Ka Hong “Casey” Chan** - MSP 31148
 (Cantonese & Mandarin)
- First available

Rheumatology

- Dr. Lu Lucy Chu** - MSP 39530
 (Cantonese and Mandarin)
- Dr. M. Kazem** - MSP 34760
 (Persian/Farsi)
- Dr. Adam Amlani** - MSP 44197
 (English)
- First available

Diagnostics

- ECG
- Holter Monitor
- Event Monitor (2-week monitoring)
- Exercise Stress Test
- Ambulatory Blood Pressure Monitor

Subspecialty Clinics

- Diabetes Clinic (Diabetes Educator & Dietitian)
- Cardiovascular Kindney Metabolic (CKM) Clinic
- Lipid Clinic
- Pacemaker Clinic (Medtronic/St. Jude Medical)
- Peripheral Artery Disease (PAD) Clinic
- Osteoporosis & Bone Health Clinic

Patient Information

Name

Date of Birth

PHN

Gender

Address

Phone Number

Email Address

Language(s)

Referring Provider Information

Name

MSP#

Address

Clinic Phone

Clinic Fax

Reason for Referral

- Urgent Semi-Urgent Routine

Please attach relevant labs, imaging, and other diagnostic reports or investigations.

Please fax to 604-394-2111

A confirmation letter will be sent to your office once we file this referral. Patient will be contacted for scheduling.

THANK YOU FOR YOUR REFERRAL