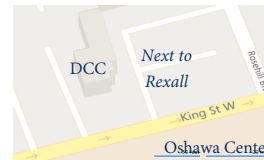


Rishi Handa, MD, ABIM

Internal Medicine Specialist



Patient Consultation Request



OSHAWA
460 King St. West
Oshawa ON L1R 2K9
Tel: 289-240-9095
Fax: 905-800-1478

Email: reception@durhamcare.ca

FAX TO: 905 800 1478

Name of the Patient: _____ DOB: _____

Patient's Telephone #: _____ HCN: _____

Referring Physician: _____ **Billing No:** _____

Patient STICKER:

- Within 1-2 week/URGENT**
- Within 3-6 weeks/ROUTINE**
- 1-year follow-up**

Reason for Consultation:

Dear referring physician/office, if you feel the provided appointment date for your patient is unacceptable please contact our office at 905 800 0630 and speak with Dr. Handa directly.

- | | |
|---|--|
| <input type="checkbox"/> ARRYTHMIA/PALPITATIONS | <input type="checkbox"/> TIA/STROKE CLINIC |
| <input type="checkbox"/> ATRIAL FIBRILLATION | <input type="checkbox"/> GENERAL INTERNAL MEDICINE |
| <input type="checkbox"/> CARDIAC RISK ASSESSMENT | <input type="checkbox"/> HTN OPTIMIZATION |
| <input type="checkbox"/> POST MI/ACS/PCI MANAGEMENT | <input type="checkbox"/> LIPID CLINIC |
| <input type="checkbox"/> HEART FAILURE MANAGEMENT | <input type="checkbox"/> DIABETES CLINIC |
| <input type="checkbox"/> PRESYNCOPE/SYNCOPE | <input type="checkbox"/> OBESITY CLINIC |
| <input type="checkbox"/> PULMONARY MANAGEMENT | <input type="checkbox"/> THYROID MANAGEMENT |