

Fax

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DATE:

TO: ONTraC Clinic/ Dr. Refaei, Hematologist

FROM:

RE: Referral Request



ONTraC Clinic Referral Form - Fax to 905-358-4957

PHYSICIAN: _____

SX DATE: _____

PROCEDURE: _____

***PLEASE ATTACH RECENT HEMOGLOBIN, FERRITIN, TIBC PROFILE:** _____

PATIENT NAME: _____

DOB: _____

HCN# _____

PHONE #: _____

CONTACT INFORMATION:

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