



169 Main St. East, Grimsby, Unit A10
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MD, FRCPC Internal Medicine
Assistant Professor McMaster University

Affix Patient Label

The office is located at the West Lincoln Memorial Hospital. With privileges at Niagara Health and Hamilton Health Sciences.

The scope of practice includes **all subspecialties of Internal Medicine**, with particular interests in **Perioperative Medicine, Cardiovascular medicine** (including coronary disease, heart failure, hypertension and stroke), **Diabetes** and **Obstetrical Medicine**.

Dr. Zandi's office will contact the patient directly with an appointment date and time within 2 business days of receiving the referral. If the patient has not heard back they can call the office at **289-447-0140**.

PATIENT REFERRAL FORM

Patient Name: _____ **OHIP #:** _____
Date of Birth: _____
Phone number: _____

REASON FOR CONSULTATION
(Please attach any additional information)

REFERRING PHYSICIAN

Name: _____
Billing Number: _____
Fax Number: _____

Signature: _____