

DR. FARAZ MASOOD, MD

Internal Medicine Specialist

With special interest in Cardiovascular,
Diabetes & Perioperative Medicine

203-4383 Portage Rd

Niagara Falls, ON

L2E 6A6

T: 905 357 3988

F: 905 357 0968

PATIENT REFERRAL FORM

PATIENT INFORMATION

Name: _____ Date of Birth: _____ Phone: _____

OHIP No: _____ Address: _____

REASON FOR REFERRAL (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Chest pain/Angina | <input type="checkbox"/> Dyspnea/Shortness of breath | <input type="checkbox"/> Abnormal EKG/ECHO |
| <input type="checkbox"/> Syncope | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Cardiac Murmur |
| <input type="checkbox"/> Other: please specify: _____ | | |

DIAGNOSIS (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> AFib/Arrhythmias |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Hypertension/LVH | <input type="checkbox"/> Dyslipidemia |
| <input type="checkbox"/> Post MI/stent/CABG/stroke | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Pre-op Assessment |
| <input type="checkbox"/> Other: please specify: _____ | | |

REQUESTED SERVICES (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cardiac/Medicine Evaluation | |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Cardiac stress tests (exercise or nuclear) |
| <input type="checkbox"/> Holter/Loop Monitor | <input type="checkbox"/> Insulin Initiation/Management |

REFERRING PHYSICIAN

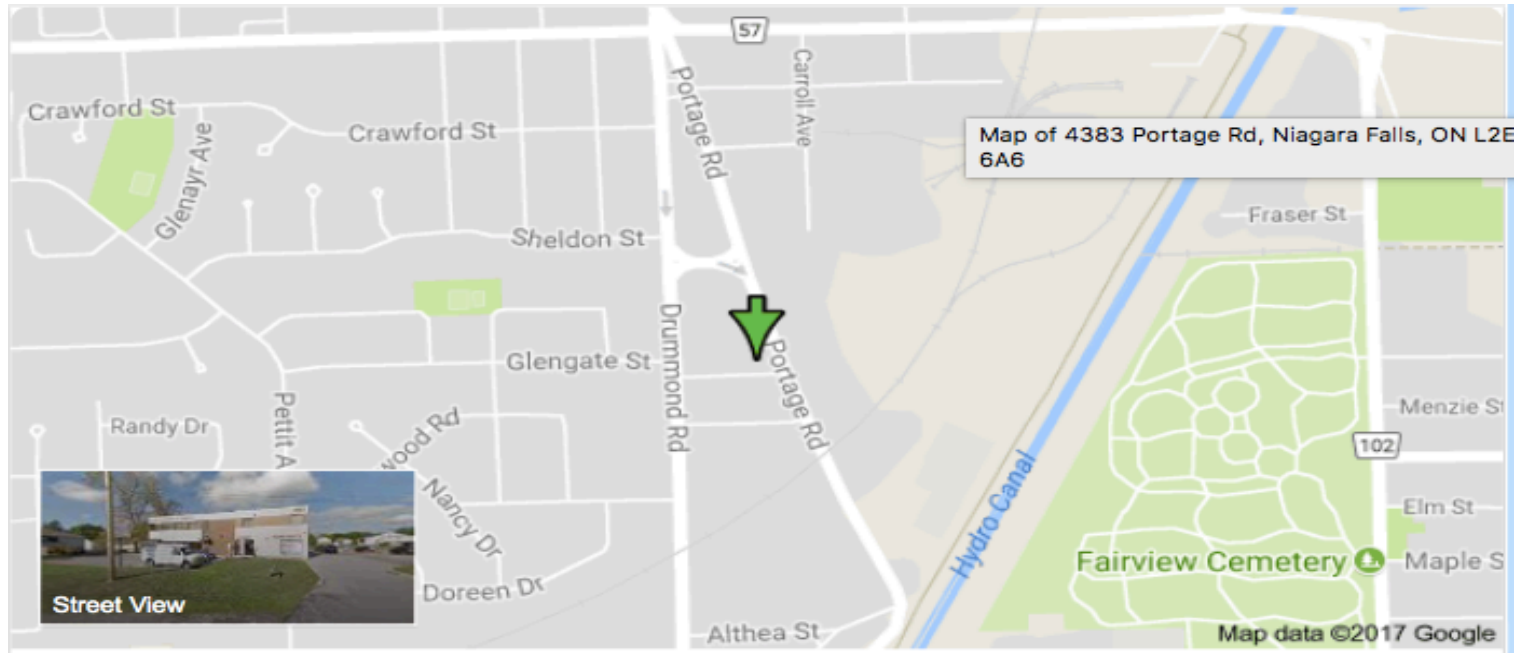
Name: _____ Signature: _____ Billing No: _____

Address: _____

PLEASE FAX THE COMPLETED REFERRAL FORM TO 905 357 0968

PATIENT INSTRUCTIONS:

You have been referred to Dr. Faraz Masood, an Internal Medicine Specialist who practices in Niagara Falls, ON. Dr. Faraz Masood has special interest in Cardiovascular Medicine, Diabetes Management, and Peri-operative Medicine. His office address is 4383 Portage Road, Suite 203, Niagara Falls, ON, L2E 6A6. Office phone number is 905 357 3988.



This is an outpatient referral to his private office.

His office will be contacting you directly for an appointment. If you do not hear from the office within 48 hours, please contact the office directly at 905 357 3988 and speak to Patti or Tanya.

You will be provided instructions by the staff but please remember to bring all of your medications at your appointment. Free parking is provided. If you cannot make it to the appointment, please inform the office in advance so that an appointment can be booked for another patient.

Thank you.

Dr. Faraz Masood & Staff.