



E-mail: referral@med1.ca

Phone: 833-933-6331

Fax: 647-714-5199

Address: Unit 205 - 8800 Dufferin St. Vaughan.

Website: med1.ca

Allergy Rapid Access Clinic (RAC)		IV Iron Infusion with Internal Medicine Consultation	
Requested Consultant:		<input type="checkbox"/> Routine	
<input type="checkbox"/> Next Available Appointment		<input type="checkbox"/> Urgent Hemoglobin:	Ferritin:
<input type="checkbox"/> Dr. Paria Kashani	<input type="checkbox"/> Dr. Armin Abadeh	Includes Rapid GIM Consult to assess for IV Iron Infusion Eligibility.	
Reason for referral (check <u>ALL</u> that apply):		Infusions performed with Internal Medicine specialist present on site during the infusion. Infusion administration fee is not covered by OHIP.	
<input type="checkbox"/> Hives/Rash	<input type="checkbox"/> Anaphylaxis	Patch Testing Clinic	
<input type="checkbox"/> Rhinitis / Congestion	<input type="checkbox"/> Penicillin/Drug Allergy	<input type="checkbox"/> Eczema / Dermatitis	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Immunotherapy	General Pediatric Clinic	
<input type="checkbox"/> Eczema	<input type="checkbox"/> Stinging Insect Allergy	<input type="checkbox"/> Reason for referral:	
<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Immunodeficiency		
<input type="checkbox"/> Other:			

Last name:			First name:			Sex:		
Address:			City:			Postal code:		
E-mail:			Phone Number(s):					
Date of Birth:			OHIP:					

Referring physician (full name):		Fax number:	
Family doctor (if different):		Billing number:	

Please fax referrals to **647-714-5199** or e-mail at **referral@med1.ca**.

If you need EMR-compatible files or physical referral pads for your clinic, please e-mail us.