



Dr. Saima W. Khan | CCFP IPM ABOM

MD Led Weight Management | Chronic Pain

Exceptional Care Without Exception

4-780 Burnhamthorpe Rd W. Mississauga ON, L5C 3X3

Phone: 905-277-5454 Fax: 905-277-1818 Email: clinic@mavismedix.com

Referring Criteria: FAX ALL REFERRALS TO 905-277-1818

Incomplete referrals will not be accepted

1. Adults > 15 years with a BMI between 27 to 29.9 with at least 1 Comorbidity

LIST COMORBIDITIES: _____

INDICATE PATIENT'S: BMI: _____ WEIGHT: (KG) _____ (LB): _____

2. Adults > 15 years with a BMI > 30

INDICATE PATIENT'S: BMI: _____ WEIGHT: (KG) _____ (LB): _____

Check if patient has any of the following:

Fibromyalgia Asthma COPD Diabetes Congestive Heart Failure Hypercholesterolemia

REFERRING PHYSICIAN NAME: _____ OHIP BILLING #: _____

PHYSICIAN BACKLINE #: (_____) _____ PHYSICIAN FAX #: (_____) _____

Indicate if referring physician is part of a FHO FHG:

All Patient information should be filled in completely, otherwise the referral form will not be accepted. Patient's phone and email are mandatory.

PATIENT NAME: FIRST: _____ LAST: _____ DOB (mm/dd/yyyy): _____

ADDRESS: _____ CITY: _____ POSTAL: _____

HEALTH CARD #: _____ VER: _____ EXPIRY DATE (mm/dd/yyyy): _____

PATIENT CONTACT #: (_____) _____ EMAIL (Mandatory): _____

*******PLEASE READ THE INSTRUCTION CAREFULLY BEFORE THE REFERRAL*******

- Kindly send all relevant blood work if you have it available (CBC, Cr, LFT, HbA1C, Fe TSH, B12, Metabolic panel)
- Otherwise our office will request and will cc you the results.
- Our office will contact your patient directly within 5-7 days with an appointment date and time.
- Please feel free to provide our phone number and email to the patient so that they can contact us directly
- The patient will be offered a virtual or in person appointment as per their preference. Timeline can vary(rough estimate). Our goal is to see patients within 4 weeks of the referral.