CHARM

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Patients will be contacted within 5-10 business days.

REFERRAL TO:

☐ Dr. Lamiaa Migahed, BSc (Honors), MD, FRCSC

PATIENT INFORMATION / Label

PARTNER INFORMATION / Label

REFERRING PHYSICIAN:

NAME

OHIP Billing Number

Address / /
Number Street Unit/Suite

/ /
City Province Postal Code

Phone Fax

REASON FOR REFERRAL:

/
Signature Date