



# Dr. M FARAHANI MEDICINE PROFESSIONAL CORPORATION

Neurologist - FRCPC  
Neuromuscular disorder - EMG  
General neurology

3155 Harvester Rd Unit 200  
Burlington, ON  
L7N 3V2  
Phone: 289-427-5519  
Fax: 289-635-3505

## Patient Information

Patients Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Mr.  Mrs.  Ms.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

OHIP: \_\_\_\_\_

## Neurology Referral - Please Complete

Reason for referral:

Brief History (or attach notes)

Current Medication (List or attach)

**Please send any other Pertinent previous images/reports with referral  
(CT/MRI, EMG, EEG, ECHO, HOLTER, DOPPLER ULTRASOUND)**

## Referring Physician - Please Complete

Referring Physician: \_\_\_\_\_ Backline number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax number: \_\_\_\_\_

Billing number: \_\_\_\_\_ CC to Family Doctor: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Family Doctor Phone: \_\_\_\_\_

Please Note: Our office will contact your patient with an appointment date and time.