MISSISSAUGA LUNG HEALTH CENTRE
Specialists in Respiratory Care

214-89 QUEENSWAY WEST, MISSISSAUGA, ON, L5B 2V2
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FAX: (905) 858-8835

ACCESS & TRIAGE FORM

Date 07/07/2025

Patient Information

Name		Health Card #	
Date of Birth		Gender	
Email		Phone #	Mobile #
Street Address		City	
Postal Code		Province	

Referring Physician Information

Referring Physician		OHIP Billing #	
Physician Contact #		Physician Fax #	

Referring to

GENERAL RESPIROLOGY

- ○ **Dr. Milan V. Patel** MD, FRCP(C)
- ○ **Dr. Nooreen Mann** MD, FRCP(C)
- ○ **Dr. Navjeet Uppal** MD, FRCP(C)
- ○ **Dr. Sarah Nelson** MD, FRCP(C)
- ○ **Dr. Stephanie Nevison** MD, FRCP(C)
- ○ **Dr. Revital Wanono** MD, FRCP(C)
- ○ **Dr. Waleed S. Ahmed** MD, FRCP(C)

SLEEP MEDICINE

- ○ **Dr. Waleed S. Ahmed** MD, FRCP(C)
- ○ **Dr. Navjeet Uppal** MD, FRCP(C)

Urgency of Referral

- ○ **Urgent (< 10 business days)**
- ○ **Routine**

Please note: accurate and timely triaging of a referral requires sufficient clinical information to be sent with the referral. For complex cases please consider calling the office to follow-up.

Reason for Referral

Include relevant past medical history & medications or attach records

Requirements for Triage

- ○ Related consultation letters and tests, including cardiac, sleep, allergy, ENT, GI, and rheumatology
- ○ Previous spirometry or PFT if available
- ○ Chest imaging results; CXR taken within 12 months or other relevant imaging
- ○ TB skin test if relevant/applicable