



**TRUSTYMED**  
THE CARE YOU CAN TRUST

Phone: (905) 505-6555 | Fax: (905) 505-2555  
Address: 29-555 William Graham Drive  
Aurora, ON, L4G 7C4

# ALLERGIST JOINING OUR CLINIC

We are pleased to announce that  
**Dr. ARMIN ABADEH** is now accepting referrals

Virtual consults also available.

## **NO wait time.**

To schedule an appointment,  
**Please fax a referral to: 905-505-2555**

We look forward to working together to provide  
timely and high-quality care for your patients



(905) 505-6555



(905) 505-2555



info@trustymed.ca



29-555 William Graham Drive, Aurora,  
ON, L4G 7C4

# ALLERGY & ASTHMA SPECIALIST CLINIC

Appointments Confirmed < 1 week | Consult Notes < 24h | Virtual and E-Consults Available

Fax: (905) 505-2555

Phone: (905) 505-6555

E-mail: info@trustymed.ca

Website: trustymed.ca

Referral Information	
<div>Refer to: <input type="checkbox"/> Dr. Armin Abadeh</div> <div>Status: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine</div> <div><input type="checkbox"/> Virtual</div> <div>Reason for referral (check <b>ALL</b> that apply):</div> <div><div><input type="checkbox"/> Food Allergy</div><div><input type="checkbox"/> Environmental Allergy</div><div><input type="checkbox"/> Asthma</div><div><input type="checkbox"/> Eczema</div><div><input type="checkbox"/> Hives</div></div> <div><div><input type="checkbox"/> Anaphylaxis</div><div><input type="checkbox"/> Penicillin Allergy</div><div><input type="checkbox"/> Drug Allergy</div><div><input type="checkbox"/> Venom Allergy</div><div><input type="checkbox"/> Immunodeficiency</div></div>	

Patient Information		
Last name:	First name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Address:		City: Postal code:
E-mail:		Primary Phone: Secondary Phone:
Date of Birth:		OHIP:

Physician Information	
Referring physician (full name):	Fax number:
Address:	Phone number:
Family doctor (if different):	CC to family doctor (if different):
Billing number:	Signature:

IMPORTANT INFORMATION FOR PATIENTS: The patient must discontinue all antihistamines, including Gravol, 5-days before the appointment for allergy skin testing. Inhalers and nose sprays do not affect the test and can be continued as instructed.

Please fax all referrals to (905) 505-2555 or direct to Ocean