



# TRIPLE-TEE

MEDICAL CLINIC

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Pediatrics

**Dr. Aderonke O. Obayan**

MD, MPH, ABP DIPLOMATE, FAAP, FRCPC  
General Pediatrician

Family Medicine

**Dr. Oluwa-isayo A. Ojo**

MD, MPH, CCFP

Family Medicine

**Dr. Akeem Salawu**

MBBS, MPH, MSc, CCFP

## Referral to Dr. Aderonke Obayan (Pediatrician)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FAX TO: (306) 986-8833

<b>Patient Information:</b>	
Name: _____	DOB: ____/____/____ Age: ____ M: F:
Address: _____	dd    mm    yy
_____	PHN: _____
	Phone: _____
<b>Referring Physician:</b> _____	
<b>Clinic Name:</b> _____	
<b>Address:</b> _____	
<b>Phone:</b> _____ <b>Fax:</b> _____	
<b>Reason for Referral:</b>	
<b>Pertinent Labs or Physical Findings:</b>	
<b>Past Medical History:</b>	
<b>Current Medications:</b>	