

**Physician Referral**  
**Lipid Lowering Clinic- Dietitian**  
**The Moncton Hospital**  
**Tel: 506-857-5210**

Date of Discharge: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Patients with the following diagnosis or who have 3 or more risk factors for CAD can be referred:

- Myocardial Infarction (MI)                       Angina  
 Acute Coronary Syndrome (ACS)                       Chest Pain  
 3 or more risk factors for CAD, namely: \_\_\_\_\_

**Lipid Profile:**

Total Cholesterol: \_\_\_\_\_  
 Triglyceride: \_\_\_\_\_  
 HDL Cholesterol: \_\_\_\_\_  
 LDL Cholesterol: \_\_\_\_\_  
 Risk Ratio: \_\_\_\_\_

HgbA1C, if applicable: \_\_\_\_\_

**Lipid Lowering Medication:**

- Fenofibrate     Mevacor  
 Lipitor     Lescol  
 Zocor     Ezetrol  
 Pravachol     Crestor  
 Other (s): \_\_\_\_\_

Due to the number of clients missing appointments (or last minute appointment availabilities), we would like to call and remind your patient of their appointment (or offer them an earlier appt.).

If necessary, can a telephone message be left:     No     Yes    Alternate phone #: \_\_\_\_\_

Physician's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

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For Dietitian's Use Only:	Date Referral Received: _____	Referral No.:	_____
	1 <sup>st</sup> available appt. offered: _____	Date of 1 <sup>st</sup> visit:	_____