

**Dr. Sunita Lal**

Name: \_\_\_\_\_  
(Last) (First)

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Address: \_\_\_\_\_  
No. Street Apt.

\_\_\_\_\_   
City Prov. Postal Code

Phone Numbers: Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Which number to call first? Please circle: HOME WORK CELL

Can we leave a detailed medical message? If yes, at what number?

Please circle: HOME WORK CELL

Email: \_\_\_\_\_

Appointment reminders and confirmation are by email. Please check here if you do not wish to receive email appointment reminders.

Family Physician: \_\_\_\_\_

Allergies: NONE \_\_\_\_\_

List of medications: \_\_\_\_\_

Which pharmacy should we fax prescriptions to? : \_\_\_\_\_

Which Dynacare location should we fax blood requisitions to? : \_\_\_\_\_