

**Darrell Gallant, BSc.,M.D.,LMCC.
Professional Corporation**

2075 Loch Lomond Rd.
Saint John NB
E2N 1A1

Office (506) 652-1004

Fax (506) 658-0746

Date:

Regarding:

To: Blood Lab:

Dear Sir or Madam,

Would you please perform the following blood test and send the results as soon as possible, to my above noted address. Thanks, so much, for your attention in this matter.

CBC
RANDOM GLUCOSE
HEPATITIS B ANTIGEN
HIV (types 1 & 2)
AST/ALT

Note: if your hospital policy does not allow for "faxing" HIV/Hepatitis results, please call me at (506) 652-1044 and relay/discuss the issue verbally, and then send the written document through the mail (inter-hospital or Canada Post) as per your normal protocol.

OFFICE HOURS; MONDAY-FRIDAY
10:00 am-1:00 pm
2:15 pm-5:00 pm

Sincerely,

Darrell Gallant, BSc.,M.D.,LMCC.

Patient's Authorization _____