

REFERRAL FORM

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Location: _	North York (25 Sh	eppard)	Toronto (40 University)
Gu	elph (89 Dawson)	_ Waterloo	(430 The Boardwalk)

TORONTO - FAX COMPLETED FORM TO 416-640-9454 GUELPH/WATERLOO - FAX COMPLETED FORM TO 1-519-488-0632

ATTENTION:	First Available PhysicianDr. Marjorie DixonDr. Haidar Mahmoud	Dr. Alyse Goldberg Dr. Prema Vaidyanath Dr. Harmony Ho	Dr. Meredith Giffin* an
[*] = Located at Gu	elph/Waterloo locations		
PATIENT INFO	RMATION		
Name		Date of Birth	
Address			
Telephone #		Patient Health Card #_	
Patient's Confide	ential Email		_ Sex at BirthMaleFemaleOther
PARTNER INFO	DRMATION		
Name		Date of Birth	
Address			
Telephone #		Patient Health Card #_	
Partner's Confid	ential Email		Sex at BirthMaleFemaleOther
REFERRING PH	HYSICIAN DETAILS		
Name		Billing #	
Office Address_			
Tel. #	Fax #	Email	
PATIENT - IND	ICATE AREAS OF CONCERN	SUPPORTING DOCUMENTATI	ON, IF AVAILABLE
Ovulation In In Vitro Fert Intrauterine Donor Speri Donor Egg / Egg Cryopre PCOS Endometrio: Male Infertil Recurrent M	Infertility Investigation & Management Ovulation Induction In Vitro Fertilization (IVF) Intrauterine Insemination (IUI) Donor Sperm Insemination Donor Egg / Gestational Surrogacy Egg Cryopreservation PCOS Induction Endorcrine Screen (TSH, Prolactin) Relevant Consult Letters Luteal Phase Progesterone (If Used) Semen Analysis (Most Resent & Any Abnormal Test) Urological Consult Sperm Antibodies / Specialized Semen Tests Male Infertility Recurrent Miscarriages Other Sonohysterogram / Hysterosalpingogram Laparoscopy or other gynecological surgery reports FSH & Estradiol Levels (Day 2, 3, or 4 only) Endorcrine Screen (TSH, Prolactin) Relevant Consult Letters Luteal Phase Progesterone (If Used) Semen Analysis (Most Resent & Any Abnormal Test) Urological Consult Sperm Antibodies / Specialized Semen Tests		
HOW DID YOU F	HEAR ABOUT US?		
Healthcare P		Friend Referra	al Online Research Social Media Other