

Referral Form

of pages

LOCATION: North York (25 Sheppard) Toronto (40 University) Guelph (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 Physician Dr. Marjorie Dixon Dr. Harmony Ho	□ Dr. Meredith Giffin*□ Dr. Prema Vaidyanathan	* Located at Guelph/Waterloo locations	
PATIENT INFORMATION Name	Date of Birth		
Address			
Telephone #			
Patient's Confidential Email			
PARTNER INFORMATION Name Address			
Telephone #		· · · · · · · · · · · · · · · · · · ·	
Partner's Confidential Email			
REFERRING PHYSICIAN DETAILS Name Signature	Billing #		
Office Address Fax #			
PATIENT - INDICATE AREAS OF CONCERN Infertility Investigation & Management Ovulation Induction In Vitro Fertilization (IVF) Intrauterine Insemination (IUI) Donor Sperm Insemination Donor Egg / Gestational Surrogacy Egg Cryopreservation PCOS Endometriosis Male Infertility Recurrent Miscarriages Other	SUPPORTING DOCUMENTATION, IF AVAILABLE 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 HEAR ABOUT US? Healthcare Provider	Friend Referra	al 🔲 Online Research 🔲 Social Media	