

REFERRAL FORM – CARE Fertility & Women's Health

770 Broadview Avenue, Unit 106, Ottawa, ON K2A 3Z3

Tel: 613-366-6200 / Fax: 1-833-457-1690 / info@carefertility.ca

Patient's last name: _____ First name: _____
 Date of Birth (YYYY/MM/DD): _____
 Phone: _____ Email: _____
 OHIP number: _____
 Address: _____

Patient's partner last name: _____ First name: _____
 Date of Birth (YYYY/MM/DD): _____
 Phone: _____ Email: _____
 OHIP number: _____

Referring physician:
 Dr _____ Billing# _____ CPSO# _____
 Phone number: _____ Fax number: _____
 Date: _____ **Signature** _____

Referral for Fertility Gynecology

NOTES:

Services available: Fertility evaluation and treatments (male & female), including Ovarian stimulation, Inseminations, In Vitro Fertilization (private and OHIP), Genetic testing, Pre-conceptional counseling, Sperm/Egg/Embryo donation, Surrogacy. General Gynecology, Pap test, Menopause, Contraception, Menstrual disorders, STIs, Pelvic pain, Endometriosis, Fibroids, Hysteroscopy, etc... Our services do NOT include: Pregnancy care (except our fertility patients), Abortion, Genital prolapse, Urinary incontinence