



FAX
 COMPLETED FORM TO
 1-888-248-1241

PATIENT REFERRAL

Our Specialists

- Dr. Samuel Soliman
- Dr. Rim Alkurdi (Female)
- Dr. Vishal Bedi
- Dr. Mary Cheng (Female)
- Dr. Salim Daya
- Dr. Faez Faruqi
- Dr. Harold Heening
- Dr. Joseph Lee
- First Available Physician

Reasons for Referral

- Infertility
- Recurrent Pregnancy Loss
- Test Results (Faxed)
- Other _____

Comments

Patient Information

Last Name: _____ First Name: _____
 D.O.B (YY/M/D): _____
 Health Card #: _____
 Address: _____

 Phone: _____ Alternate: _____
 Email: _____

Patient's Partner Information

Last Name: _____ First Name: _____
 D.O.B (YY/M/D): _____
 Health Card #: _____
 Phone: _____
 Email: _____

Referring Physician

Physician's Name: _____ Billing #: _____
 Address: _____

 Phone: _____ Fax: _____
 Email: _____
 Physician's Signature: _____ Date: _____

NewLife Fertility Centres

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mississauga Centre
4250 Sherwoodtowne Blvd.
Mississauga, ON L4Z 2G6
P: 905-896-7100 | <input type="checkbox"/> Brampton Centre
2 Dewside Dr. Unit 210
Brampton, ON L6R 3Y5
P: 905-453-8477 | <input type="checkbox"/> Burlington Centre
418 Plains Rd. East
Burlington, ON L7T 2C8
P: 905-631-7100 | <input type="checkbox"/> Richmond Hill Centre
670 Highway 7 East, Unit 8
Richmond Hill, ON L4B 3P2
P: 905-886-7300 |
| <input type="checkbox"/> Milton Centre
470 Bronte St. South,
Unit 200
Milton, ON L9T 2X6
P: 905-814-2300 | <input type="checkbox"/> Vaughan Centre
8760 Jane St. Building C,
Unit 101
Concord, ON L4K 4V3
P: 905-896-71 00 | <input type="checkbox"/> Scarborough Centre
1585 Markham Rd.
Unit 301
Scarborough, ON M1B 2W1
P: 416-864-3811 | |