RCC
The Reproductive Care Centre

The Reproductive Care Centre
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(Mississauga)
2180 Meadowvale Blvd.
Mississauga, ON L5N 5S3

(Oakville)
2525 Old Bronte Rd., Ste. 440
Oakville, ON L6M 4J2

REFERRAL FORM

Date of Referral: _____

MONTH/DAY/YEAR

Referring Physician Information: (To be completed by physician office)

Name: _____ Physician number: _____

Address: _____ City: _____

Phone: _____ Fax: _____

Patient Label:

Name: _____

Date of birth: _____

Contact number: _____

OHIP: _____

Partner Label (if applicable):

Name: _____

Date of birth: _____

Contact number: _____

OHIP: _____

Referral to:

- ◯ Dr. S. Corbett
- ◯ Dr. G. Goodrow
- ◯ Dr. C. Lee
- ◯ Dr. Y. Usmani
- ◯ Dr. M.A. Fischer
- ◯ Dr. P. W. Scheufler
- ◯ Dr. A. Goldberg
- ◯ First Available Physician

Reason for referral:

- ◯ Fertility
- ◯ In Vitro Fertilization
- ◯ Recurrent Pregnancy Loss
- ◯ Surgery
- ◯ Egg/Embryo Freezing
- ◯ Reproductive Endocrinology
- ◯ Donor Insemination
- ◯ Sperm Freezing
- ◯ Infertility Counseling
- ◯ Donor Egg
- ◯ Cancer Patient Fertility Preservation
- ◯ Family Planning

Information/tests performed in the past 3 months for patients:

- ◯ Day 3 FSH
- ◯ TSH, Prolactin
- ◯ HIV 1 & 2
- ◯ Hepatitis B, C
- ◯ Rubella
- ◯ HSG / Saline Sono
- ◯ Pelvic Ultrasound
- ◯ Surgery Reports
- ◯ CBC
- ◯ VDRL
- ◯ AMH
- ◯ Other:
- ◯ Blood Type
- ◯ Semen Analysis

Patients will be phoned immediately to arrange a consultation within 2-4 weeks of receipt of Consultation Request.