RCC
The Reproductive Care Centre

The Reproductive Care Centre (Mississauga)

2180 Meadowvale Blvd.
Mississauga, ON L5N 5S3
T 905.816.9822
F 905.816.9833

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 Information:

Name: _____

Date of birth: _____

Contact number: _____

Partner Information:

Name: _____

Date of birth: _____

Contact number: _____

Referral to:

- ◯ First Available Physician
- ◯ Dr. M. A. Fischer
- ◯ Dr. C. Lee
- ◯ Dr. H. Cheng
- ◯ Dr. G. Goodrow
- ◯ Dr. P. W. Scheufler
- ◯ Dr. S. Corbett
- ◯ Dr. M. Gysler
- ◯ Dr. P. Vaidyanathan
- ◯ Dr. W. Jong
- ◯ Irene Glavac M.S.W., R.S.W.

Reason for referral:

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

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

FEMALE

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

MALE

- ◯ HIV 1 & 2
- ◯ Hepatitis B, C
- ◯ Blood Type
- ◯ Semen Analysis
- ◯ VDRL
- ◯ Other:

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