



B-535 Park St
 Kitchener, ON N2G 1N8
 Phone: 226-647-5040
 Fax: 226-215-3332
 www.charmfertility.com
 reception-kit@charmfertility.com

PATIENT REFERRAL FORM

PLEASE FAX BACK TO 226-215-3332

PATIENT INFORMATION/LABEL	PARTNER INFORMATION/LABEL
----------------------------------	----------------------------------

Referring Physician's Name & Billing #:	Signature:
Date of Referral:	

Address or Office Stamp:

Referral To:
 Dr. Waseema Hoosainny MD, FRCSC

Reason for Referral:

Infertility

- Female Infertility
- Male Infertility
- Recurrent Pregnancy Loss
- Assisted Reproductive Therapy (IVF, Intrauterine Insemination)

General Gynecology

- Pediatric/Adolescent Gynecology
- IUD Insertion
- Menopause/Perimenopausal Concerns
- PCOS
- Contraception Counselling
- PAP Smear
- Other, please specify: _____

Notes/Enclosures: (please enclose any relevant blood work, imaging, operative reports or consultations)