

Patient Referral Form
Date: _____

Patient Information/ Label

Partner Information/ Label

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Referring Physician Information

Name: Address: Telephone: Fax: Billing Number:
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Reasons for Referral:
Infertility

-
- Infertility
-
- Recurrent Pregnancy Loss

General Gynecology

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult /Adolescent Gynecology | <input type="checkbox"/> IUD Insertion | <input type="checkbox"/> PCOS |
| <input type="checkbox"/> Menopause/Perimenopausal Concerns | <input type="checkbox"/> PAP Smear | <input type="checkbox"/> Contraception Counselling |

Other: _____

CHARM Location: Oakville Etobicoke Brampton

**Please enclose any relevant blood work, imaging, operative reports or consultations
Please Choose the preferred location**

Etobicoke Location 101 Westmore Dr, Suite 201 Etobicoke, ON M9V 3Y6 Canada Phone : 416 748 2800 Fax : 416 748 8865 Nursing email: nursing-eto@charmfertility.com Reception email: reception-eto@charmfertility.com	Oakville Location 418 North Service Rd. East , level 1 Unit 5, Oakville, L6H 5R2 Phone : 905 844 7238 Fax : 905 844 7256 Nursing email: nursing-oak@charmfertility.com Reception email: reception-oak@charmfertility.com	Brampton Location 2250 Bovaird Dr E, Suite 517 Brampton, ON L6R 0W3 Canada Phone : 905 457 8558 Fax : 905 457 8118 Nursing email: nursing-bram@charmfertility.com Reception email: reception-bram@charmfertility.com
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