CHARM FERTILITY
CENTRE FOR HUMAN ASSISTED REPRODUCTIVE MEDICINE

Patient Referral Form **Date:** _____

Patient Information/ Label

Partner Information/ Label

Referring Physician Information

Name:
Address:
Telephone:
Fax:
Billing Number:

Reasons for Referral: **Infertility**

☐ Infertility Recurrent , Pregnancy Loss First ☐ OB trimester

General Gynecology

☐ Adult /Adolescent Gynecology IUD ☐ Insertion PCOS ☐

☐ Menopause/Perimenopausal Concerns ☐ PAP Smear ☐ Contraception Counselling

Other: _____

Please enclose any relevant blood work, imaging, operative reports or consultations

Please Choose the preferred location

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