



Physician Referral Form
-Please give this form to your doctor
Lakeridge Fertility Clinic
Telephone: 905-493-9222
Fax: 905-493-9221
Website: www.lakeridgefertility.com
Address: 619 Brock St. South Whitby, Ontario
Postal Code: L1N 4L1

When to Refer

- Female partners under 35 and trying to conceive for 12 months or more
- Female partners 35 or older and trying to conceive for 6 months or more
- Irregular menses, know male factor, know tubal factor or endometriosis, prior fertility treatment
- Fertility concerns

Reason for Referral

Please forward any relevant investigations regarding sperm analysis, laboratory investigations or tubal status.

Patient Details

Name: _____
Date of Birth: _____
OHIP#: _____
Address: _____
Contact Number: _____

Partner Details

Name: _____
Date of Birth: _____
OHIP#: _____
Address: _____
Contact Number: _____

Urgent Requests: Call 905-493-9222 and ask to speak with Nurse Coordinator

Physicians

Name: _____
Phone: _____
Fax: _____

Billing Number: _____