



IVF CANADA

Creating Families Since 1983

2347 Kennedy Rd. Suite 304 Scarborough, ONT M1T 3T8 Tel: (416) 754-1010 Fax: (416) 321-1239 www.ivfcanada.com

REQUEST FOR CONSULTATION

Services

1. Investigating fertility, both male and female
2. Semen Analysis services
3. Sperm function tests
4. Pelvic Ultrasound for females
5. Sono Hysterogram
6. Ovulation Induction and monitoring
7. Artificial insemination
8. Intrauterine insemination IUI
9. In Vitro Fertilization IVF
10. Intra Cytoplasmic Sperm Injection ICSI
11. Laser Assisted Hatching LAH
12. Sperm freezing/Egg freezing
13. Embryo freezing (Cyro Preservation)
14. Sperm Extraction procedures, PESA, TESA
15. Testicular biopsies
16. Frozen Embryo Transfers FET
17. Donor Sperm – Donor Egg use
18. Donor Embryo use
19. Pre Implantation Genetic Screening and Diagnosis PGS – PGD
20. Recurrent pregnancy loss
21. Psychological Counselling Services
22. Ministry Funded Fertility Provider
23. Multilingual Support Services

PLACE PATIENT LABEL OR

PATIENT NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

OHIP #: _____

HOME PHONE: _____

CELL: _____

REASON FOR CONSULTATION:

- INFERTILITY
- RECURRENT PREGNANCY LOSS
- TEST RESULTS ENCLOSED

PLEASE STAMP REFERRING PHYSICIAN INFO OR

REFERRING PHYSICIAN: _____

OHIP BILLING #: _____

PHYSICIAN SIGNATURE: _____

APPOINTMENT IS GUARANTEED WITHIN 2 WEEKS

KENNEDY LOCATION:

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YONGE LOCATION:

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