



CONSULTATION REQUEST

Services provided include (but are not limited to):

- 1. Recurrent Pregnancy Loss
- 2. Cycle Monitoring
- 3. Ovulation Induction
- 4. Intrauterine Insemination (IUI)
- 5. In Vitro Fertilization (IVF)
- 6. Intracytoplasmic Sperm Injection (ICSI)
- 7. Assisted Hatching (AH)
- 8. Cryopreservation/Fertility Preservation
- 9. Preimplantation Genetic Screening (PGS)
- 10. Preimplantation Genetic Diagnosis (PGD)
- 11. Sperm Testing
- 12. Testicular Sperm Extraction
- 13. Sperm/Egg Donation
- 14. Surrogacy
- 15. Laparoscopy
- 16. Hysteroscopy
- 17. Arrangement for Psychological Counseling
- 18. Arrangement for Financial Assistance

PATIENT INFORMATION (Please type or place label here):

Name: _____ M F
 DOB: _____

 OHIP: _____ VC: _____
 Address: _____ City: _____
 Postal Code: _____
 Tel. (Home): _____ (Cell): _____
 (Work): _____
 Email: _____

REASON FOR CONSULTATION:

Infertility Recurrent Pregnancy Loss Test Results Enclosed

Describe: _____

REFERRING PHYSICIAN INFORMATION:

Physician Name: _____ Billing #: _____
 Address: _____ City: _____
 Postal Code: _____
 Telephone: _____
 Fax: _____

Physician's Signature: _____

Consultation Location Preference (please select one):

Vaughan:
 7191 Yonge St., Suite 1111
 Markham, ON L3T 0C4
 Tel: 905.597.7661
 Fax: 905.597.7662

Toronto:
 2347 Kennedy Rd, Suite 304
 Toronto, ON M1T 3T8
 Tel: 416.754.1010
 Fax: 416.321.1239

(Intersection of Yonge St. & Steeles Ave.)

(Intersection of Kennedy Rd & Sheppard Ave. E)