



IVF CANADA

Creating Families Since 1983

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)

Thank you for choosing IVF Canada