



Physician Referral Form
-Please give this form to your doctor
Niagara Fertility Clinic
Telephone: 905-662-3139
Fax (Toll Free): 855-271-5504
Website: www.niagarafertility.com
Address: 35 Upper Centennial Parkway, Suite 3D,
Stoney Creek, Ontario
Postal Code: L8J 3W2

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, known male factor, known 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 905-662-3139 and ask to speak with Nurse Coordinator

Physicians

Name: _____
Phone: _____
Fax: _____

Billing Number: _____