

## Services

- Treatment of recurrent pregnancy loss
- In Vitro Fertilization (IVF)
- Intracytoplasmic Sperm Injection (ICSI)
- Assisted Hatching
- Cryopreservation
- Intrauterine Insemination (IUI)
- Sperm and Egg Donation
- Preimplantation Genetic Diagnosis (PGD)
- Egg Freezing
- Ovulation Induction
- Testicular Sperm Extraction  
Procedure and Sperm Freezing
- Cryopreservation of Embryos
- Blastocyst Culture
- Donor sperm and Donor egg
- Laparoscopic and Tubal Microsurgery
- Hysteroscopic removal of septum/fibroid
- Psychological Counseling
- Weight Management
- Financial Assistance Program
- Acupuncture
- Multilingual services available
- IPS Ultrasound & Blood Work



# NEWLIFE FERTILITY CENTRE

## Request for Consultation

Please affix labels and fill out the blanks completely.

### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (Year/Month/Day): \_\_\_\_\_ Health card#: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Alternate: \_\_\_\_\_ Email: \_\_\_\_\_

### Patient's Partner Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (Year/Month/Day): \_\_\_\_\_ Health card#: \_\_\_\_\_

Tel: \_\_\_\_\_

### Referring Physician Information

Physician's Name: \_\_\_\_\_ Billing #: \_\_\_\_\_

Address: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

### Reason for Consultation

Infertility

Recurrent Pregnancy Loss

Test Results Enclosed

### NewLife Fertility Clinic Locations

#### Mississauga

4250 Sherwoodtowne Blvd.  
Mississauga, ON L4Z 2G6

#### Brampton

2 Dēwside Dr. Unit 210  
Brampton, ON L6R 3Y5

#### Burlington

418 Plains Rd East  
Burlington, ON L7T 2C8

#### Richmond Hill

670 Highway 7 East, Unit 8  
Richmond Hill, ON L4B 3P2

#### Milton

470 Bronte St. South, Unit 200  
Milton, ON L9T 2X6

Send to us this referral through

Our Toll-Free Fax Number:

**1-888-248-1241**

Or through email:

**referral@newlifefertility.com**

#### Woodbridge

7777 Kipling Ave., Unit 103  
Woodbridge, ON L4L 2Z3

**PLEASE FAX A COPY OF THIS REFERRAL TO OUR OFFICE, AND GIVE ORIGINAL TO THE PATIENT (MAXIMUM 2 WEEKS WAITING PERIOD FOR NEW CONSULTATIONS).**

**IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, KINDLY GIVE 24 HOURS NOTICE.**

Toll-Free Phone Number: 1-877-507-5433

[www.newlifefertility.com](http://www.newlifefertility.com)

