



**FAX**  
COMPLETED FORM TO  
1-888-248-1241

**PATIENT REFERRAL**

**IMMEDIATE APPOINTMENT**

**Our Specialists**

- Dr. Samuel Soliman
- Dr. Vishal Bedi
- Dr. Samuel Ko
- Dr. Salim Daya
- Dr. Faez Faruqi
- Dr. Harold Henning
- Dr. Jeremy Wong
- Dr. Rolando Cepeda
- Dr. Mamoun Bereir
- Dr. Mary Cheng (Female)
- Dr. Rim Alkurdi (Female)
- Dr. Manal Younis (Female)
- Dr. Karima Ben Omran (Female)

First Available Physician \_\_\_\_\_

**Reasons for Referral**

- Infertility
- Recurrent Pregnancy Loss
- Test Results (Faxed)
- Other \_\_\_\_\_

**Comments**

**Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 D.O.B (YY/M/D): \_\_\_\_\_  
 Health Card #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Patient's Partner Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 D.O.B (YY/M/D): \_\_\_\_\_  
 Health Card #: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Referring Physician**

Physician's Name: \_\_\_\_\_ Billing #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**10 - NewLife Fertility Centres**

- |                                                                                                                    |                                                                                                                                            |                                                                                                                                          |                                                                                                                                              |                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Mississauga Centre</b><br>4250 Sherwoodtowne Blvd.<br>ON, L4Z 2G6<br>P: 905-896-7100   | <input type="checkbox"/> <b>Brampton Centre</b><br>2 Dewside Dr. Unit 210,<br>ON, L6R 3Y5<br>P: 905-896-7100                               | <input type="checkbox"/> <b>Burlington Centre</b><br>418 Plains Rd. East,<br>ON, L7T 2C8<br>P: 905-896-7100                              | <input type="checkbox"/> <b>Richmond Hill Centre</b><br>670 Highway 7 East, Unit 8,<br>(At Sheraton Hotel)<br>ON, L4B 3P2<br>P: 905-896-7100 | <input type="checkbox"/> <b>Oakville Centre</b><br>B6-1235 Trafalgar Road,<br>ON, L6H 3P1<br>P: 905-886-7100   |
| <input type="checkbox"/> <b>Milton Centre</b><br>470 Bronte St. South,<br>Unit 201, ON, L9T 2X6<br>P: 905-896-7100 | <input type="checkbox"/> <b>Concord Centre</b><br>8760 Jane St. Building A,<br>Unit 101, (Langstaff rd.)<br>ON, L4K 4V3<br>P: 905-896-7100 | <input type="checkbox"/> <b>Scarborough Centre</b><br>1585 Markham Rd.<br>Unit 301, (At Sheppard Ave.)<br>ON, M1B 2W1<br>P: 905-896-7100 | <input type="checkbox"/> <b>Toronto Centre</b><br>139 Lower Jarvis Street<br>(Front St.)<br>ON, M5E 1Z6<br>P: 905-896-7100                   | <input type="checkbox"/> <b>Hamilton Centre</b><br>1057 Main St W,<br>Hamilton, ON, L8S 1B7<br>P: 905-896-7100 |

**LOWEST COST IVF Call to Book: 905-896-7100**