Peterborough Fertility Centre
Dr. Abdel Hadi, MBBCh, MHSc, FRCSC
201- 270 Charlotte St, Peterborough, ON K9J 2V4
E: info@peterboroughfertility.ca **Phone:** 877-576-3878 **Fax:** +1-877-576-3878

PATIENT REFERRAL FORM

Patient Information:	
NAME	
DOB	
HC#	
ADDRESS	
PHONE	
EMAIL	

Reason for Referral: (FERTILITY check is a good enough reason!)

☐ Female fertility ☐ PCOS ☐ Recurrent Miscarriage ☐ Egg Freezing
☐ Male fertility ☐ Sperm Freezing ☐ Testing only
☐ Prenatal Genetic testing ☐ Non-traditional families (donors involved)

☐ **Other:**

We accept patients without prior testing and we are happy to provide in-house testing for individuals and couples (reproductive hormones, ultrasound, sonohysterogram, semen analysis, etc.). If available, kindly include copies of relevant medical tests and lab results.

We are pleased to offer services in various languages, including English, French, Arabic, Mandarin, Cantonese, Tamil, and Russian.

Referring Physician Information:	
NAME	
ADDRESS	
FAX	
BILLING#	
CPSO#	

PLEASE FAX TO: +1 (877) 576-3878

Thank you for your referral!