

CReATe Fertility Centre

790 Bay St., Suite 1100 Toronto, Ontario M5G 1N8

Tel: 416.323.7727 Fax: 416.323.7334

Web: www.createivf.com

Clinic Manager Direct: 416.813.4702

PATIENT REFERRAL FORM

Patient Demographics [Affix patient patient lable here/provide details below] Referring Physician/Nurse Practitioner	
Name	Name
DOB	Billing #
Address	Address
OHIP#	
Tel:	Tel:
Email	Fax:
Previous CReATe patient? Yes ☐ No ☐	Email
Please see the above patient for:	Date://
Please attach any relevant investigation reports or history of previous fertility treatments	
At CReATe we understand the sensitive nature of reproductive health care management. Our team of physician specialists, nurses, counsellors and expert	
laboratory staff will strive to ensure that your patient is attended to in a	
courteous, compassionate and timely manner.	

Please Fax to: 416.323.7334

CReATe will contact your patient with appointment date and time.