



TRIO | KW
ADVANCING REPRODUCTIVE CARE

Physician Referral Form

-Please give this form to your doctor

TRIO KW Fertility Clinic

Telephone: 519-585-1796

Fax: 519-584-0770

Website: www.triokwfertility.com

Address: 430 The Boardwalk, Suite 308-B

Postal Code: N2T 0C1

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, know male factor, know 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 519-585-1796 and ask to speak with the Nurse Coordinator

Physicians

Name: _____
Phone: _____
Fax: _____
Billing Number: _____