HART Fertility Centre

Dr. Rolando R. Cepeda MD, FRCSC
1057 Main St. West, Hamilton, ON, L8S 1B7
Phone: 905.972.8382 Fax: 905.972.8600

Referral Form

Please fax or mail this completed form to HART Fertility Centre

PATIENT INFORMATION

First Name:_____ Last Name: _____

_____

Date of Birth: _____/_____/_____
Day Month Year

Health Card Number: _____ Version: _____

Address: _____ Apt: _____
Number Street

City: _____ Province: _____ Postal Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext: _____

Cell Phone: (____) _____ Other: (____) _____

Email: _____

REFERRING PHYSICIAN

First Name: _____ Last Name: _____

Billing/ Provider Number _____

Address: _____ Apt: _____
Number Street

City: _____ Province: _____ Postal Code: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

REASON FOR REFERRAL

Please provide a brief description:

Doctor's Signature: _____ Billing #:_____