

Referral Note / Request for Consultation

Patient Information (for patient to fill out):

Name: _____

DOB: _____

H.C.N: _____

Phone: _____

Cell: _____

Street: _____

City / Prov: _____

Postal: _____

Email: _____

To Book Your Appointment You May:

- Fax this to 416-233-9180

- Scan it and email to spermbank@repromed.ca

- Call Us Directly at 416-233-8111 ext 341

****Please Confirm Test Requirements Before
Your Appointment****

Dr.: _____
Street: _____
City/Prov/Postal: _____
Phone: _____

Date: _____

I am referring the following patient to the Andrology Laboratory for the following reasons:

- | | |
|--|--|
| <input type="checkbox"/> Sperm Banking | <input type="checkbox"/> Basic Semen Analysis |
| <input type="checkbox"/> Sperm Wash Assessment | <input type="checkbox"/> Sperm Viability |
| <input type="checkbox"/> Strict Morphology | <input type="checkbox"/> Leukocytospermia Test |
| <input type="checkbox"/> Antisperm Antibody Test | <input type="checkbox"/> Retrograde Ejaculation Screen |
| <input type="checkbox"/> Azoospermia Screen | <input type="checkbox"/> Sperm DNA Fragmentation |

Additional Comments: _____

Doctor's Signature

Physician No: _____

Direction to ReproMed
56 Aberfoyle Cres., Suite 300
Toronto ON M8X 2W4

We are located in Toronto behind the North East corner of Bloor and Islington. With easy access from the Gardiner Expressway, 401, and 427 highways. We are just across from the Islington Subway Station. Parking is available by turning down Lamond St. (off of Aberfoyle Cres.) and accessing the lot at the end on the left.

