Referral Form

Please fax to 306-653-5200

Dr. Allison Case, Dr. Adrian Gamelin & Dr. Lauren Beliveau

Referrals are seen by the first available physician.

Patient Information / Label *(*email address required)*

Partner Information / Label *(*email address required)*

Referring Physician

Name: _____ Physician Billing #: _____

Address: _____

_____

Phone: _____ Fax: _____

Reason for Referral

_____

_____

_____

* Please attach any previous investigations (such as bloodwork, semen testing, hysterosalpingogram, operative report).

Signature: _____ Date: _____

Aurora Reproductive Care

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405 - 475 2nd Avenue South, Saskatoon, SK S7K 1P4

t: 306 653 5222 **f:** 306 653 5200