



B-627-Lyons Lane
Oakville, ON L6J 5Z7
Phone: 905-844-7238
Fax: 905-844-7256
Hours: 7 am - 4 pm
Mon. - Fri.
www.oakvillefertility.com

Office Use

EPAC REFERRAL FORM

Date: _____

Referring Physician:

Provider #:

Signature:

Patient Information:

Name:

D.O.B.:

HC#:

VC:

Address:

Home Phone:

Work Phone:

Other:

Family Doctor:

For Assessment of:

Date of LMP: _____

- threatened abortion
- missed abortion
- incomplete abortion
- suspected STABLE ectopic pregnancy

Attachments:

- BhCG
- ultrasound reports
- clinical notes
- Blood Type and Screen
- Rhogam given?
- Other (specify) _____

Send follow-up reports to: Referring MD Family MD

IMPORTANT

The EPAC clinic is ONLY appropriate for STABLE patients, who do not need immediate intervention and can safely wait 1-2 days for follow-up.

Upon receiving referral, someone from Oakville Fertility and Women's Health Centre will contact the patient in 1-2 days for an appointment. Patients may also call the clinic directly if they have the referral completed.

Please note the clinic is open Monday through Friday for referrals; patients will be accommodated between 9 am and 12 pm. If a referral is received on the weekend, it will be triaged Monday morning at the earliest.