



REFERRAL FORM

Great Expectations Durham

Date: _____

Referring Physician Information:

Name: _____ Billing #: _____
Address: _____ Phone: _____
_____ Fax: _____

Patient Information:

Name: _____ Phone: _____
Address: _____ Alt Phone: _____
_____ DOB: _____

Reason for Referral:

Complete Prenatal Care Shared Prenatal Care (Please refer by 24 weeks gestation)

LMP: _____ EDB: _____

Comments: _____

FAMILY DOCTORS GROWING FAMILIES		
Courtice Heath Centre <input type="radio"/> Dr. Sarah Ritchie 1450 Highway 2, Courtice, ON L1E 3C3 (P) 905.721.5302 (F) 905.721.6175	Oshawa Clinic – King St E <input type="radio"/> Dr. Jaclyn Oldham 117 King St. East Oshawa, ON L1H 1B9 (P)905.723.8551 (F) 905.721.6646	Newcastle <input type="radio"/> Dr. Brenna Ammons <input type="radio"/> Dr. Natasha Aziz <input type="radio"/> Dr. Aubrey Kassirer <input type="radio"/> Dr. Kathryn Newton <input type="radio"/> First Available 87 Mill St N. Newcastle, ON L18 1HB (P) 905.987.1896 (F) 905.987.9894

**Please attach prenatal labs, ultrasounds, most recent pap and Ontario Perinatal Record if available.*