



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

Dr. Sarah Ritchie

(P) 905.721.3519

(F) 905.721.6175

Dr. Jaclyn Oldham

(P) 905.723.8551

(F) 905.721.6646

Dr. Megan Gao

(P) 905.721.4069

(F) 905-721-6171

1450 Highway 2

Courtice ON L1E3C3

Newcastle Medical

Dr. Brenna Ammons

Dr. Natasha Aziz

Dr. Lynn Hiemstra

Dr. Aubrey Kassirer

Dr. Kathryn Newton

First Available

(P) 905.987.1896

(F) 905. 987.9894

87 Mill St N.

Newcastle ON L18 1HB

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

www.greatexpectationsdurham.ca

Family Doctors Growing Families