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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

Partner Information / Label

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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