

Referral Form

Fax To: 705-429-7611

South Georgian Bay Menopause Clinic

Dr. Gillian Brakel MSc MD CFPC FCFP MSCP

Patient Name: _____

HC #: _____

DOB: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Family Doctor: _____

Billing #: _____

Physician Making Referral (if not from family doctor): _____

Billing #: _____

Please ATTACH updated CPP and Med List

Reason For Referral:

The South Georgian Bay Menopause Clinic

Phone: 705-429-8270 Fax: 705 -429-7611

Address: Unit 101, 14 Ramblewood Dr. Wasaga Beach, ON