Ming Wui Medical Centre
Unit U16, 2900 Markham Road, Scarborough, ON M1X 0C8
Tel: (437) 562-2080 | www.mingwuimc.ca

WOMEN'S HEALTH, GYNECOLOGY & FERTILITY REFERRAL FORM

PLEASE FAX COMPLETED REFERRALS TO: (437) 562-2080

PATIENT INFORMATION

Patient Name		**Date of Birth**	
Address		**Health Card / VC**	
Telephone		**Email**	

REQUESTED PROVIDER

☐ Dr. Karyna Liubchenko — Focused Women's Health	☐ Dr. Joanne Ma — OB-GYN
☐ Dr. Yuyang Wang — OB-GYN	☐ Dr. Abdel Hadi — Fertility Referrals Only
☐ First Available / No Preference	**Priority:** ☐ **Routine** ☐ **Urgent**

REASON FOR REFERRAL — CHECK ALL THAT APPLY

FOCUSED WOMEN'S HEALTH	SPECIALIST GYNECOLOGY & FERTILITY
☐ Cervical Screening / HPV Testing	☐ General Gynecology Consultation
☐ Breast Health Assessment	☐ Pregnancy / Obstetrical Care
☐ Menstrual Concerns / Abnormal Bleeding	☐ Pediatric / Adolescent Gynecology
☐ Menopause / Perimenopause	☐ Complex Contraception
☐ Contraception Counselling	☐ Minimally Invasive Gynecologic Surgery
☐ IUD Consultation / Insertion / Removal	☐ Infertility / Fertility Assessment
☐ Pregnancy Planning / Preconception Care	☐ IUI / IVF Consultation

Other / Specific Clinical Question:

CLINICAL INFORMATION

Clinical Summary / Relevant Findings			
Current Medications		**Allergies**	
Investigations Attached	☐ Lab Results ☐ Imaging ☐ Other:		

REFERRING PROVIDER INFORMATION

Provider Name		**OHIP Billing No.**	
Clinic / Practice		**Telephone**	
Fax		**Email**	
Signature		**Date**	

Thank you for your referral. We will contact the patient within three business days.