



REFERRAL FORM

Great Expectations Durham

Date: _____

Referring Physician Information:

Name: _____

Address: _____

Billing #: _____

Phone: _____

Fax: _____

Patient Information:

Name: _____

Address: _____

Phone: _____

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 Health Centre

Dr. Megan Gao
(P) 905.721.4069
(F) 905-721-6171
1450 Highway 2 Courtice ON
L1E3C3

Dr. Jaclyn Oldham
(P) 905.723.8551
(F) 905.721.6646

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 L1E 1H8

Whitby Health Centre

Dr. Sarah Ritchie
(P) 905.721.3519
(F) 905.721.6175
198 Des Newman Blvd, Whitby
L1P1Y5

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