University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

Fred A. Litwin and Family Centre for
Clinical Genetics and Genomic Medicine
60 Murray St., Box 34
3rd Floor, Room 400
Toronto, ON M5T 3L9
416-586-4800 ext 4220
Fax: 416-619-5523

REFERRAL TO
FRED A. LITWIN & FAMILY CENTRE for
Clinical Genetics and Genomic Medicine

Referral From: ***Date:*** ____________________________

Dr. ____

(Please print clearly)

Signature

Please print clearly- fill ALL areas

Mailing Address and/**OR** Hospital Location: ______________________ Tel #: ________________

____ Fax #: ________________

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Patient Information: MRN # _____________________ ***(if within UHN)***

Please ensure all information is correct and up to date.

Name: (*Last, First*): ____

OHIP card # ______________________________________ Version Code (*if applicable*) ________

DOB: *dd* ________ *mm* ________ *yyyy* ________________ Sex: *(circle)* M F

Mailing Address: ____________________________________ Tel #: (h) __________________

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____ (w) __________________

Medical Information and Reason for Referral: ____

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Please include all tests/information that will assist with your patient's appointment.