www.ancasterpediatrics.ca

Dr. Tehmina Amer
Ancaster Pediatric & Breastfeeding Clinic Referral Form

1144 Wilson St. W. Suite 103 Ancaster, Ontario L9G3K9
(Inside Ancaster Medical Centre)

Phone: 905-304-8017 | Fax: 905-304-8004

Email: ancasterpediatric@gmail.com

Urgent Referral: ☐ **Yes** ☐ **No**

Service Requested: *Please send a separate referral for each requested service*

- ☐ Pediatric Consultation
- ☐ Breastfeeding Consultation (LC: Basia Cook)
- ☐ Introduction to Solid Foods
- ☐ Infant/Toddler Sleep Consultation (0-3 years)
- ☐ Prenatal Breastfeeding Consultation

For Breastfeeding Referrals, please complete the following:

Mother's Name: ____________________ Mother's DOB: ____________

Health Card #: ____________________ VC: ____

Affix Label or Complete the Following:

Pediatric Patient Information:

Last Name: ________________ First Name: ______________________

DOB: ________________ Health Card #: ________________ VC: _____

Phone: ________________ Email: ________________________________

Reason For Referral: *Please attach any relevant medical history including labs, imaging, hospital records, etc.

Referring MD: ____________________ MD Billing #: ________________

MD Address: ____

Phone: ____________________ Fax: ____________________

Signature: ____________________ Date: ____________________

Please fax referrals to 905-304-8004

Incomplete referrals will not be processed.