

www.TheCircumcisionClinic.ca

Toronto Forest Hill: 491 Eglinton Ave. West, Suite 305
Toronto Leaside: 25 Industrial Street
Peterborough: 26 Hospital Drive

Phone: +1 (437) 677-2747 Fax: +1 (647) 476-7007

Email: Admin@TheCircumcisionClinic.ca

Referral Form

The Circumcision Clinic coordinates care amongst a growing list of expert circumcision providers in several locations. This referral will be triaged to the appropriate provider based on the requested service and the family's preference for location or doctor.

All providers have years of experience and share expertise with each other to navigate complicated cases and ensure timely service. The Clinic offers a baby-/family-focussed approach and prioritizes pain control, family needs, and safety, aimed at providing a successful and positive experience.

- Our website www.TheCircumcisionClinic.ca allows patients or providers to book directly.
- An online referral form is also available on our website.
- Upon receiving a referral, families are contacted within one business day to complete the booking.
- Appointments may also be scheduled by phone at +1 (647) 692-0354.

Current locations:

TORONTO and PETERBOROUGH

Current providers:

Dr. David Levin – Pediatric anesthesiologist with SickKids Hospital Appointment

Dr. David Gurau - Ob/Gyn and reproductive endocrinologist with surgery privileges at Mackenzie Health

Dr. Jacob Langer – Pediatric General Surgeon with SickKids Hospital Appointment

Dr. Joana Dos Santos – Pediatric Medical Urologist with SickKids Hospital Appointment

Today's Date:		
Please select reason for referral:		
Primary circumcision for babies 0 - 6 months old Revision circumcision for redundancy 0 - 6 months old		
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Patient Information (Affix Label)	Referring Provider information:	
Patient Information (Affix Label) First Name:	Referring Provider information: Referring Provider Name:	
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First Name:	Referring Provider Name:	
First Name: Last Name:	Referring Provider Name: Billing #:	
First Name: Last Name: Date of Birth:	Referring Provider Name: Billing #: Address:	
First Name: Last Name: Date of Birth: OHIP # (with VC if available):	Referring Provider Name: Billing #: Address: Phone:	

Fax or Email Referrals to: (647) 476-7007 or Admin@TheCircumcisionClinic.ca

Patients can book their appointment times directly at: www.TheCircumcisionClinic.ca

Please have the referral through before the appointment date if possible.