

Fax Referrals to: 1-226-602-8677



Health Provider Referral Form

OHIP-Covered Breastfeeding Consultations

Lactation Consultants

- Tori Hamilton, RN, IBCLC, PMH-C (Kincardine/Online)
- Claire Dolmage, RPN, IBCLC, CBE (Stratford/Online)
- Soonest Available

Patient Details

Breastfeeding Parent Name

OHIP Number & Version Code

Parent Date of Birth

Phone Number

Infant Name

OHIP Number & Version Code (if available)

Infant Date of Birth

Referring Health Provider Details

- Physician
- Nurse Practitioner
- Midwife

Provider Name

OHIP Billing Number

Phone Number

Date of Referral

Signature

Reason for Referral:

