



**LATCHEDON**  
Paediatric & Breastfeeding Services

# Referral Form

**LatchedOn Paediatrics**

105-525 Belmont Ave W, Kitchener

Tel: (519) 585-3100

**Fax: (905) 390-3646**

## Provider's Details:

Doctor

Nurse Practitioner

Midwife

Name

OHIP Billing Number

Practice Address

Date of Referral

Phone

Fax:

Signature

Email:

## Infant's Details

## Mother's/Lactating Parent's Details

Name

Health Card Number

Name

Health Card Number

Date of Birth

Date of Birth

Infant's Sex:  Male  Female

Infant's Birth Weight:

Address

Phone (Mobile ONLY)

Email

Additional Info (Optional)

## Reason for Referral

Please **fax** this referral to (905) 390-3646 or **email** it to [info@lactationclinic.com](mailto:info@lactationclinic.com)

Lactation Clinic team is providing evidence based breastfeeding support across Ontario  
in collaboration with LatchedOn Paediatrics.

[www.lactationclinic.com](http://www.lactationclinic.com)