



Patient Referral Form

PATIENT LABEL (INTENDED CARRIER) / PARTNER LABEL [IF APPLICABLE SPERM / EGG PROVIDER]

Today's Date

Referring Physician

Name OHIP billing number
Street Address City Province
Phone Fax E-mail

Patient Information

Name Date of Birth
OHIP - - - Expiry Date Phone
E-mail
Biological / Assigned Sex Female Male Specify _____
 URGENT: Oncology or other medically necessary fertility preservation
Please attach all notes / reports. Patient will be contacted within 24 hours.
 BMI > 40

Referring Information (for oncology patients)

Diagnosis: Chemotherapy Surgery
 Radiation Therapy Treatment completed

Reason(s) for referral

In Vitro Fertilization Donor Egg / Sperm
 Intrauterine Insemination Surrogacy
 Recurrent Pregnancy Loss Egg / Sperm / Embryo Freezing
 Fertility Counselling Unexplained Infertility

Referral to

	Vaughan	Newmarket	Waterloo
First available specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Tamara Abraham, MD, MSc, FRCSC, GREI	<input type="checkbox"/>	<input type="checkbox"/>	
Dr. David Gurau, MD, FRCSC, GREI	<input type="checkbox"/>	<input type="checkbox"/>	
Dr. Michael Hartman, MD, FRCSC, GREI	<input type="checkbox"/>	<input type="checkbox"/>	
Dr. Ingrid Lai, MSc, MD, FRCSC, GREI	<input type="checkbox"/>	<input type="checkbox"/>	
Dr. Judith Campanaro, MD, FRCSC			<input type="checkbox"/>
Dr. Hananel Holzer, MD			<input type="checkbox"/>

Fax or email completed forms to requested clinic location. Thank you for entrusting us with your patient's care.

Vaughan
955 Major Mackenzie Drive West, Suite 400
Vaughan, ON L6A 4P9
T: 289.357.0100 | F: 289.357.0101
info@generationfertility.ca

Newmarket
1111 Davis Drive East, Unit 39
Newmarket, ON L3Y 9E5
T: 905.967.0852 | F: 905.967.0512
info@generationfertility.ca

Waterloo
435 The Boardwalk, Suite 508
Waterloo, ON N2T 0C2
T: 519.570.0090 | F: 519.570.3202
kw.info@generationfertility.ca