

Patient Referral Form

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

DD MM YYYY

Today's Date

Referring Physician

Name

Physician number

Street Address

City

Province

Phone

Fax

E-mail

Patient Information

Name

DD MM YYYY

Date of
Birth

OHIP

DD MM YYYY

Phone

Expiry
Date

E-mail

URGENT: Oncology or other medically necessary fertility preservation

Please attach all notes / reports. Patient will be contacted within 24 hours.

BMI > 40

Biological / Assigned Sex

Female

Male

Specify _____

Referring Information (for oncology patients)

Diagnosis:

Chemotherapy

Surgery

Radiation Therapy

Treatment completed

Reason(s) for referral

Fertility

Surgery

Donor Insemination

Donor Egg

In Vitro Fertilization

Egg/Embryo Freezing

Sperm Freezing

Recurrent Pregnancy Loss

Reproductive Endocrinology

Infertility Counseling

Family Planning Cancer Patient

Fertility Preservation

Referral to

First available specialist

Dr. Yasmine Usmani, REI

Dr. Clive Lee, REI

Dr. Jennifer Lam, REI

Dr. Sheena Changela, OB/GYN

Dr. Mark Fischer, Urologist

Dr. Shirine Usmani, Endocrinologist

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Mississauga, ON L5N 5S3

T 905.816.9822 F 905.816.9833

Oakville

2035 Cornwall Road

Oakville, ON L6J 7S2

Fax or email completed forms to:

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