RCC
The Reproductive Care Centre

Patient Referral Form

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

Today's Date DD MM YYYY

Referring Physician

Name

Physician number

Street Address

City

Province

Phone

Fax

E-mail

Patient Information

Name

Date of Birth DD MM YYYY

OHIP - - -

Expiry Date DD MM YYYY

Phone

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. Dan Nayot, REI
☐ Dr. Jennifer Lam, REI
☐ Dr. Peter Scheufler, OB/GYN
☐ Dr. Sheena Changela, OB/GYN
☐ Dr. Mark Fischer, Urologist
☐ Dr. Shirine Usmani, Endocrinologist

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Oakville
2035 Cornwall Road
Oakville, ON L6J 7S2

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