



PATIENT REFERRAL

Fax: 416-586-4686

Confirmation of receipt of completed referral will be sent to referring doctor's office.

Referral to:

Date: (dd/mm/yyyy) _____

Downtown Location (250 Dundas St W, #700):

Vaughan Location (9600 Bathurst St, #300):

- Rebecca Arthur, BSc (Hon), MSc, MD, FRCSC
- Crystal Chan, MD, MSc, FRCSC
- Ellen Greenblatt, MDCM, FRCSC, FACOG (REI)
- Claire Jones, BSc, MD, FRCSC
- Kimberly Liu, MD, FRCSC, MSL
- Heather Shapiro, MD, FRCSC

- Claire Jones, BSc, MD, FRCSC
- Rhonda Zwingerman, MD, MSc, FRCSC

North York Location (2 Sheppard Ave E, #430):

- Crystal Chan, MD, MSc, FRCSC
- Rhonda Zwingerman, MD, MSc, FRCSC

FIRST AVAILABLE:

- Any location Downtown
- Vaughan North York

The MSF team also includes reproductive endocrinology and infertility fellows and a nurse practitioner.

1) **REFERRING PRACTITIONER:** _____ **Billing #:** _____
 Phone: _____ Fax: _____
 Email: _____

2) **PATIENT DEMOGRAPHICS (as per health card):** **PARTNER DEMOGRAPHICS (as per health card):**
 (Mandatory requirements for appointment booking) (Mandatory requirements for appointment booking)

Previous patient of Mount Sinai Fertility? Y/ N N/A

Name: _____ **Name:** _____
DOB: _____ **DOB:** _____
HC #: _____ **HC #:** _____
Address: _____ **Address:** _____
Phone: _____ **Phone:** _____
Email: _____ **Email:** _____

3) **Infertility** **Recurrent Pregnancy Loss** **Sperm Banking**
 Preimplantation Genetic Diagnosis **Donor Sperm / Donor Egg / Gestational Carrier**

Clinical Details: _____

Please include, if available, any relevant investigations and results for the patient and, if applicable, the partner: previous fertility testing & treatments, bloodwork results from <1 year, ultrasounds, semen analysis results, genetic testing, and abdominal or pelvic surgery reports.

Fertility Preservation – Oncology/Medical Need please attach consult notes, pathology & surgery reports. Specific details of the planned treatment (ie. Chemo drugs) and timelines will help expedite urgent care. **Please note: Egg retrieval cannot be performed safely in patients with a BMI >40 or beyond ASA class I-II. Sedation is provided in an outpatient setting without anesthetists present.**

Diagnosis: _____

Chemotherapy **Radiation Therapy** **Surgery** **Treatment completed**

Details: _____ **Start date:** _____