



PATIENT REFERRAL

Fax: 416-586-4686

URGENT – Medically Necessary Fertility Preservation
We will contact your patient within 24 hours

Referral to:

Date: (DD/MM/YYYY) _____

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

- 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

Mississauga Location (800 Southdown Rd, Unit A4)

- Shannon Moore, MSc, MD, FRCSC
- Miguel Russo, MD, FRCSC

Vaughan Location (9600 Bathurst St, Unit 300):

- Claire Jones, BSc, MD, FRCSC

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

- Crystal Chan, MD, MSc, FRCSC

First Available:

- Any location Downtown
- Vaughan North York
- Mississauga

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

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

PATIENT DEMOGRAPHICS (as per health card):

Previous patient of Mount Sinai Fertility? Y/ N

Name: _____

Preferred Name: _____

DOB: _____

HC #: _____

Address: _____

Phone: _____

Email: _____

Primary Care Practitioner: _____

PARTNER DEMOGRAPHICS (as per health card):

Not applicable

Name: _____

Preferred Name: _____

DOB: _____

HC #: _____

Address: _____

Phone: _____

Email: _____

Primary Care Practitioner: _____

- Infertility
- Sperm Banking
- Preimplantation Genetic Diagnosis
- Recurrent Pregnancy Loss
- Egg Freezing*
- Donor Sperm / Donor Egg / Gestational Carrier

Clinical Details: _____

Please include 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, genetic testing, and abdominal or pelvic surgery reports.

Fertility Preservation – Oncology/Medical Need : Please attach all relevant notes/reports. 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.

**If Egg Freezing is for oncology or medical need, please select Fertility Preservation above.*

Diagnosis: _____

- Chemotherapy
- Radiation Therapy
- Surgery
- Treatment Completed

Mount Sinai Fertility will contact your patient with the appointment date and time, including any instructions for the appointment.