



OTTAWA FERTILITY CENTRE

Request for Consultation

T: 613 686-3378 • F: 613 225-9736

955 Green Valley Crescent, Ottawa, ONT. K2C 3V4 • Free Parking

WHEN TO REFER

- Female partner under 35 and trying to conceive for 12 months or more
- Female partner 35 or older and trying to conceive for 6 months or more
- Irregular menses, known male factor, known tubal factor or endometriosis, prior fertility treatment

REASON FOR REFERRAL

URGENT

DATE: _____

Age of patient _____	<input type="checkbox"/> Male Infertility	<input type="checkbox"/> Fertility Preservation (Egg or Sperm Freezing)
Semen Analysis Ordered	<input type="checkbox"/> Female Infertility	<input type="checkbox"/> Donor Sperm Insemination
<input type="checkbox"/> Yes	<input type="checkbox"/> Ovulation Problems	<input type="checkbox"/> In vitro fertilization
<input type="checkbox"/> No	<input type="checkbox"/> Recurrent Pregnancy Loss	<input type="checkbox"/> Other
	<input type="checkbox"/> Reproductive Surgery	
Comments:		

PATIENT DETAILS.

NAME _____ Contact number 1: _____

DOB (y/m/d): _____ OHIP (or other) #: _____

Address _____

Patients without a valid OHIP card will be billed for their visits at current OMA rates

REFERRAL TO:

- Dr. P. Claman
 - Dr. J. Haebe
 - Dr. D. Kotarba
 - Dr. A. Leader
 - Dr. T. Vause
 - Dr. D. Shmorgun
 - Next available physician
- Would prefer services in French: Yes No

REFERRING PHYSICIAN:

Name: _____ MOHLTC billing number: _____

Phone #: _____ Fax #: _____

Address: _____

URGENT REQUESTS: call (613) 686-3378 and ask to speak with our on-call physician