Ontario Network of Experts in Fertility
life through knowledge

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Affiliated with McMaster University

REFERRAL FORM | Please fax to 905-639-3810

Patients will be contacted within 5-10 business days.

REFERRAL TO:

- ☐ Any physician
- ☐ Dr. Megan Karnis MD, FRCSC, Founder GREI
- ☐ Dr. Stacy Deniz MD, FRCSC
- ☐ Dr. Caroline Béliveau MD, FRCSC, FACOG
- ☐ Dr. Evan Taerk MSc, MD, FRCSC
- ☐ Dr. Shilpa Amin MD, FRCSC
- ☐ Dr. Mehrnoosh Faghih MD, FRCSC, FACOG
- ☐ Dr. M.A. Fischer MD, FCFP, FRCSC (Andrology)

PATIENT INFORMATION / LABEL

PARTNER INFORMATION / LABEL

REFERRING PHYSICIAN

Name:_____

OHIP Billing Number:_____

Address:_____
Number Street Apartment

_____
City Province Postal Code

Phone:_____ Fax: _____

REASON FOR REFERRAL

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Signature *Date*