



**Ontario Network
of Experts in Fertility**
life through knowledge

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REFERRAL FORM | Please fax to 905-639-3810

REFERRAL TO:

- Any physician
- Dr. Megan Karnis MD, FRCSC, Founder GREI
- Dr. Stacy Deniz MD, FRCSC
- Dr. Caroline Béliveau MD, FRCSC, FACOG
- Dr. Karen Kteily BSc, MD, GREI
- Dr. Shilpa Amin MD, FRCSC
- Dr. Mehrnoosh Faghieh 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

Signature

Date
