

**Fax Completed Form to
416-640-9454**

of pages: _____

- Attention:**
- Dr. Marjorie Dixon Dr. Timea Belej-Rak
- Dr. Yaakov Bentov Dr. Zahra Sharif – Women’s Health-Focused GP
- First Available Physician (patient would like to see first available physician)

PATIENT INFORMATION *(Please print clearly)*

Patient Name: _____
Last Name First Name

Date of Birth: _____ Health Card #: _____
dd/Mmm/yy

Patient Address: _____

Patient Email: _____ Patient Phone #: _____

Referring Physician Name: _____

Office Address: _____

Office Phone #: _____ Office Fax #: _____

Patient – Indicate Areas of Concern:

Infertility and Assisted Reproduction

- Infertility Investigation and Management
- Ovulation Induction
- In Vitro Fertilization (IVF)
- Intrauterine Insemination (IUI)
- Donor Sperm Insemination
- Donor Egg/ Gestational Surrogacy
- Egg Cryopreservation
- Preimplantation Genetic Screening/Diagnosis (PGS/PGD)
- Endometriosis
- Male Factor Infertility
- Other: _____

Supporting documentation, if available:

- Sonohysterogram/ Hysterosalpingogram
- Laparoscopy or other gyne. surgery reports
- FSH & Estradiol levels (Day 2, 3 or 4 only)
- Endocrine screen (TSH, prolactin)
- Relevant consult letters
- Luteal phase progesterone (if used)
- Previous IVF cycle records
- Semen analysis (most recent & any abnormal tests)
- Urological consult (if done)
- Sperm antibodies/specialized semen tests (if done)

Comment:
