CReATe Fertility Centre

790 Bay St., Suite 1100, Toronto, Ontario, M5G-1N8
Tel. 416.323.7727 Fax. 416.323.7334
www.createivf.com

ONCOFERTILITY REFERRAL

KAREN B. GLASS, M.D., F.R.C.S. (C) FACOG
Tel: 416.323.7727 ext. 2791 Fax. 416.323.7334

Date: _____

Patient Information: _____

Cell Phone Number: _____

Email Address: _____

Affix Patient Label Here

Type of Cancer: _____

First Day of Last Period: _____

Planned treatment: (surgery, chemo type, radiation, possible date of treatment)

_____

_____

_____

_____

Additional Information:

_____

_____

_____

_____

Referral From : Dr. _____

OHIP Number: _____