



Refer to Pollin

Please select one of the three referral options provided below. Once completed, Pollin will promptly contact the patient regarding appointment specifics. We look forward to providing the best care for your patient.

- 1. **Refer to Pollin via Fax:** Fill out this form and fax to (437) 702-0876
- 2. **Refer to Pollin via Email:** Fill out this form and send to referrals@pollinfertility.com

Patient referral form

**all fields must be completed prior to submission*

PHYSICIAN INFORMATION

Referring physician (Name)*	Date *
<input type="text"/>	<input type="text"/>
Billing # *	Phone Number *
<input type="text"/>	<input type="text"/>
Fax	Email
<input type="text"/>	<input type="text"/>

Referral to:

- | | |
|---|--|
| <input type="radio"/> Kim Garbedian, MD, FRCSC | <input type="radio"/> Dr. Cassandra Greenberg, MD, FRCSC |
| <input type="radio"/> Evan Taerk, MD, FRCSC | <input type="radio"/> First available appointment |
| <input type="radio"/> Katrina Hickey, MD, FRCSC | |
| <input type="radio"/> Dr. Vasilia Vastis, MD, FRCSC | |

PATIENT DEMOGRAPHICS (AS PER HEALTH CARD):

Name *	DOB *
<input type="text"/>	<input type="text"/>
OHIP# *	Phone *
<input type="text"/>	<input type="text"/>

Select the specific service you are referring your patient to:

<input type="checkbox"/> My Fertility IQ	<input type="checkbox"/> LGBTQ+ / Third Party
<input type="checkbox"/> Fertility	<input type="checkbox"/> Other
<input type="checkbox"/> Pregnancy Loss	<input type="text"/>
<input type="checkbox"/> Egg, Sperm or Embryo Freezing	

Additional Comments

Thank you for entrusting your patient's fertility care with Pollin.

Pollin will contact your patient with the appointment date & time, including any instructions for the appointment.

