



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 *

Billing # *

Phone Number *

Fax

Email

Referral to:

- Kim Garbedian, MD, FRCSC
- Dr. Cassandra Greenberg, MD, FRCSC
- Evan Taerk, MD, FRCSC
- First available appointment
- Katrina Hickey, MD, FRCSC

PATIENT DEMOGRAPHICS (AS PER HEALTH CARD):

Name *

DOB *

OHIP# *

Phone *

Select the specific service you are referring your patient to:

- My Fertility IQ
- LGBTQ+ / Third Party
- Fertility
- Other
- Pregnancy Loss
- 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.

