



Refer to Pollin Ottawa

Please select one of the two 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 (Virtual Only)
- ☐ Katrina Hickey, MD, FRCSC
- ☐ Joanne Hickey, MD, FRCSC
- ☐ First available appointment

PATIENT DEMOGRAPHICS (AS PER HEALTH CARD):

Name *	DOB *
OHIP# *	Phone *
Sex at Birth * ☐ Male ☐ Female	

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.

