

To: A017032 (8884016675) - DR. PAULINE CELIA PARISER (R2737E)
From: PTM on behalf of THE FERTILITY PARTNERS INC.
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Introducing Generation Fertility.

Helping patients thrive on their journey to parenthood.

At Generation Fertility, formerly Procrea Fertility, excellent care will have a new name. We've expanded our team and our larger and newly renovated facility in Newmarket is only minutes away from our existing location.

Vaughan
955 Major Mackenzie Drive West, Suite 400
Vaughan, ON L6A 4P9
T: 289.357.0100 | F: 289.357.0101

NEW LOCATION Newmarket
1111 Davis Drive East, Unit 39
Newmarket, ON L3Y 9E5
T: 905.967.0852 | F: 905.967.0512

Our growing clinic has welcomed two new reproductive endocrinologists and infertility specialists, Drs. Ingrid Lai and Michael Hartman. Our team:

Dr. David Gurau
Dr. Tiao-Virak Kattygnarath

Dr. Michael Hartman
Dr. Ingrid Lai

Our clinic has been trusted by physicians for our commitment for helping individuals growing their families. We're dedicated to triaging your referrals quickly and providing personalized end-to-end care for your fertility patients. We have always strived to provide the most innovative, safest and best clinical outcomes possible.

Please check the new Generation Fertility collateral you are interested in receiving below and fax back. As an alternative, scan the QR code, or log in to order your collateral at:
<https://generationfertilityHCP.ptm-health.com/Eng.aspx>.

- Patient brochure
- "When to refer to a fertility specialist" GP desktop support
- Chinese updated patient brochure
- And yes, please let me know about upcoming fertility education webinars to help me support my patients better.

Scan the code to order your collateral:



Attached, please find our referral form.

Please confirm the information below to receive your materials:

Dr. Pauline Celia Pariser
Primary Care Midwest Sub-Region
312-750 Dundas St W
Toronto ON M6J3S3
A017032_455 (R2737)

Tel: _____

Email: _____

Please fax back this form to 1.888.780.4268



Patient Referral Form

PATIENT LABEL (INTENDED CARRIER)/ PARTNER LABEL [IF APPLICABLE SPERM/EGG PROVIDER]

Today's Date

DD	MM	YYYY

Referring Physician

Name OHIP billing number

Street Address City Province

Phone Fax E-mail

Patient Information

Name Date of Birth

DD

MM

YYYY

OHIP Expiry Date Phone

DD

MM

YYYY

E-mail

URGENT: Oncology or other medically necessary fertility preservation
Please attach all notes/reports. Patient will be contacted within 24 hours.

BMI > 40

Referring Information (for oncology patients)

Diagnosis:

Chemotherapy Surgery

Radiation Therapy Treatment completed

Reason for referral

- | | |
|---|--|
| <input type="checkbox"/> Fertility | <input type="checkbox"/> Sperm Freezing |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Recurrent Pregnancy Loss |
| <input type="checkbox"/> Donor Insemination | <input type="checkbox"/> Reproductive Endocrinology |
| <input type="checkbox"/> Donor Egg | <input type="checkbox"/> Fertility counselling |
| <input type="checkbox"/> In Vitro Fertilization | <input type="checkbox"/> Family Planning |
| <input type="checkbox"/> Egg-Embryo Freezing | <input type="checkbox"/> Cancer patient fertility preservation |

Referral to

- First available specialist
- | | Vaughan | Newmarket |
|---|--------------------------|--------------------------|
| Dr. David Gurau, MD, FRCSC, GREI | <input type="checkbox"/> | <input type="checkbox"/> |
| Dr. Michael Hartman, MD, FRCSC, GREI | <input type="checkbox"/> | <input type="checkbox"/> |
| Dr. Tiao-Virak Kattygnarath, MSc, MD, FACOG, GREI | <input type="checkbox"/> | <input type="checkbox"/> |
| Dr. Ingrid Lai, MSc, MD, FRCSC, GREI | <input type="checkbox"/> | <input type="checkbox"/> |

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Fax or email completed forms to requested clinic location.
Thank you for entrusting us with your patient's care.