



FERTILITY PRESERVATION REFERRAL FORM

Office: 513-865-1675
Toll Free: 1-800-634-1222
After Hours: 513-569-6111
Fax: 513-865-1676

Step 1: Fax completed form to Bethesda Fertility Center 513-865-1676

Step 2: Your office staff can call the Fertility Center to schedule an appointment. Ask for Patty Boone, RN or Cindy Godby, RN

Step 3: Send current lab results and pathology reports applicable to diagnosis.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Cancer type: \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Is cancer estrogen sensitive? \_\_\_\_\_

Cancer stage \_\_\_\_\_

Cancer prognosis \_\_\_\_\_

Treatment plan and time frame \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

Any previous chemotherapy and / or radiation: Yes \_\_\_\_ No \_\_\_\_

When \_\_\_\_\_

Amount \_\_\_\_\_

Type \_\_\_\_\_

Oncologist Name: \_\_\_\_\_

Center Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Has Oncologist cleared patient for Fertility Preservation? Yes \_\_\_\_ No \_\_\_\_

Referring MD \_\_\_\_\_ Office Phone \_\_\_\_\_

Referring MD signature \_\_\_\_\_ Date \_\_\_\_\_

Form completed by: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_