Oncology Fertility Preservation Referral

QueenslandFertilityGroup
A MEMBER OF VIRTUS HEALTH

Dear QFG **Date**

Thank you for seeing:

Patient name

Partner name (if applicable)

Patient address

Date of birth | Phone number

Patient email (if possible)

Diagnosis:

Planned treatment:

Surgery	☐	Date:	
Chemotherapy	☐	Date to commence:	
Radiotherapy	☐	Date:	
Bone Marrow Transplant	☐	Date:	

Relevant clinical notes:

IMPORTANT:

Please attach screening bloods for HIV, HepB, HepC, Syphilis, if attended in the last 2 weeks.

Referring Doctor:

Name | Signature

Address

Phone | Provider No.

Please email to forms@qfg.com.au
1800 111 483 ◆ qfg.com.au