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

Address

Phone

Provider No.

QFG103 01.09.2022