

Date: _____

Dr. Roland Sing
Gentle Procedures Clinic Toronto
4800 Leslie Street Suite 204
North York, Ontario
M2J 2K9
Fax: 416-551-7171

Dr. Roland Sing
Gentle Procedures Clinic West GTA
89 Queensway West Suit 604
Mississauga, Ontario
L5B 2V2
Fax: 416-551-7171

RE: VASECTOMY REFERRAL

Patient Name:

DOB:

OHIP #:

Email:

Phone:

Physician Name:

Phone:

Fax:

OHIP Billing #:

***REFERRALS WILL BE RETURNED IF ABOVE INFORMATION
IS MISSING IN WHOLE OR IN PART.***

Consult Consult and Procedure

Dear Dr. Sing:

Please review the above-named patient for permanent sterilization by way of vasectomy. He is aware of other contraceptive alternatives. He has confirmed that he wishes to have no further biological children of his own.

Past Medical History

Healthy

Other conditions: _____

Medications

None

Prescription meds: _____

Allergies

None

Allergies: _____

Signature: _____, MD