

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  
77 Queensway West Suit 310  
Mississauga, Ontario  
L5B 1B7  
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