

This letter is to certify that egg donor:

NO: EH207

v: 0002

FORM: Egg Donor Doctor's Note

is under the care of:		
Pursuant to the Assisted Human Reproduction Act and Regulations (AHRA), I hereby declare that the following products and/or services may be required for the egg donor:		
travel to our clinic as travel expenses  ► Dietary needs asso  ► Medications and s  ► Paramedical expe  ► Medical devices.	are, dependent care, pet care and mile of from her home and a reasonable reconstruction for a companion, if required.  Occiated with preparation for retrieval.  Vitamins related to retrieval.  Inses.  travel or life insurance.	overy period post-retrieval as well
Date	Name of physician	Signature of physician

 $\textbf{CONFIDENTIALITY NOTICE:} \textit{ We deploy all efforts to protect the private nature of your personal information. Please view our \underline{confidentiality statement here}.$ 

EGG HELPERS 613.439.9662 info@egghelpers.com egghelpers.com