
This letter is to certify that egg donor:

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:

- ▶ Wage loss, child care, dependent care, pet care and mileage/travel expenses in relation to travel to our clinic from her home and a reasonable recovery period post-retrieval as well as travel expenses for a companion, if required.
 - ▶ Dietary needs associated with preparation for retrieval.
 - ▶ Medications and vitamins related to retrieval.
 - ▶ Paramedical expenses.
 - ▶ Medical devices.
 - ▶ Health, disability, travel or life insurance.
 - ▶ Counselling.
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Date

Name of physician

Signature of physician