



Oncologist Form

This form is required when completing the online Oncofertility application at reuniterx.com

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EFFECTIVE SEPTEMBER 11, 2026

Current program requirements

Self-pay with no fertility medication benefits | Cancer treatment affecting fertility | No prior chemotherapy

Eligibility is based on the complete application, documented treatment plan, financial requirements and current program criteria.

Patient information

Patient name (First, MI, Last)

Date form completed

Date of birth

Phone number

Diagnosis date

Cancer diagnosis and stage, if known

Planned cancer treatment

Treatment type (check all that apply)

☐ Chemotherapy ☐ External/internal radiation ☐ Surgery ☐ Radioactive iodine ☐ Other

Exact medication or regimen names, including planned doses and number of cycles when known

Radiation: anatomical site, modality and anticipated dose | Radioactive iodine: isotope, activity (mCi) and number of treatments

Surgery: planned procedure and reproductive organs expected to be removed or affected

Planned treatment start date

Expected duration

Fertility preservation must be completed by

Has the patient previously received chemotherapy, therapeutic radiation, radioactive iodine or cancer-related surgery?
If yes, provide treatment and date(s)

☐ Yes ☐ No

A current oncology treatment plan or clinical note may be attached instead of rewriting the full regimen. The attachment must identify the specific treatment agents or procedures and anticipated timeline.



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Oncologist information

Physician name	NPI	Clinic
Address		
City	State	ZIP
Phone	Fax	Email

Treatment timing and clinical considerations

May the patient proceed with fertility preservation before the planned cancer treatment?

☐ Yes ☐ No ☐ Yes, with timing or clinical limitations described below

Timing requirements, clinical limitations or other information relevant to fertility preservation

Program eligibility notice

Submission of this form and an oncologist recommendation for fertility preservation do not guarantee program approval. ReUnite determines eligibility based on the complete application, documented treatment plan, financial requirements and current program criteria.

A treatment may require avoidance of pregnancy without meeting ReUnite criteria for treatment-associated infertility risk.

Oncologist certification

I certify that the treatment information provided on this form and in any attached documentation is accurate to the best of my knowledge. I have discussed the planned cancer treatment and relevant reproductive considerations with the patient. I have identified any oncology-related timing requirements or clinical limitations relevant to completing fertility preservation before treatment. ReUnite Rx does not direct the treatment plan and is not responsible for outcomes arising from care provided by medical personnel.

Oncologist signature	Date

ReUnite Rx Oncofertility Program is not insurance. Offer is not valid for any prescription paid for, in whole or in part, or eligible for payment, reduced copay or reimbursement by any third-party employer or payer. Offer is not valid for prescriptions that may be covered under any Federal, State or government-funded healthcare program, including Medicare, Medicare Advantage, Medicaid, Medigap, Veterans Affairs, the Department of Defense or TRICARE. Use of this offer confirms that you are permitted to use it under the terms and conditions of the health benefit plan(s) covering your prescriptions.

This form is not a prescription and does not represent an application for insurance.

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