Fertility Referral

TasIVF
A MEMBER OF VIRTUS HEALTH

Dear Tas IVF

Date

Thank you for seeing:

Patient name

Patient address

Date of birth

Phone number

Patient email (if possible)

Partner name

Partner date of birth

Please review my patient for: (please tick)

Fertility assessment ☐	Fertility treatment ☐	Ovulation Tracking ☐
Ovarian reserve testing ☐	Semen analysis ☐	Recurrent miscarriage ☐
Intrauterine insemination (IUI) ☐	Ovulation induction ☐	In vitro fertilisation (IVF) ☐
Ovarian tissue freezing ☐	Egg freezing ☐	Sperm freezing ☐
Egg donation ☐	Sperm donation ☐	Surrogacy ☐

Other:

Medical History:

REMINDER:

Please ask your patient to bring all relevant medical reports and scans to their appointment.

Your patient will be contacted by our patient liaison officer to make an appointment.

Referring Doctor:

Name

Address

Phone

Provider No.

TasIVF51 05.10.2023