

Fertility Referral

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.

Please email to admin@tasivf.com.au ♦ 1800 111 483 ♦ tasivf.com.au



TasIVF

A MEMBER OF VIRTUS HEALTH

Network & collective strength



Dr Manuela Toledo
T 6212 7700



Dr Steve Sonneveld
T 9885 2112



Dr Emily Price
T 6220 1350

PRIMARY CONSULTING LOCATION	Hobart Fertility Clinic 2 Melville Street, Hobart	Hobart Fertility Clinic 2 Melville Street, Hobart	Hobart Fertility Clinic 2 Melville Street, Hobart
ADDITIONAL LOCATIONS		16 Clare Street, New Town	



Dr Warren Kennedy
T 6212 7700



Dr Ben Dhanaraj
T 6332 2000

PRIMARY CONSULTING LOCATION	Hobart Fertility Clinic 2 Melville Street Hobart	Launceston Fertility Clinic Queen Victoria Tower 11 High Street East Launceston
ADDITIONAL LOCATIONS		

YOUR FERTILITY FAMILY

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