Fertility Referral

QueenslandFertilityGroup



A MEMBER OF VIRTUS HEALTH

Dear QFG	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 [Ovarian reserve testing [Intrauterine insemination (IUI) [Ovarian tissue freezing [Egg donation [Other:	Fertility treatment Ovulation Tracking Semen analysis Recurrent miscarriage Ovulation induction In vitro fertilisation (IVF) Egg freezing Sperm freezing Sperm donation Surrogacy		
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 forms@qfg.com.au 1800 111 483 + qfg.com.au