



Dear MIVF

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.



Dr Julianne Cameron
T 0497 123 507



Dr Melissa Cameron
T 9416 3320



Dr Fleur Cattrall
T 8415 0800



Dr Weng Chan
T 9886 6248



Dr Marina Demyanenko
T 9473 4444

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ADDITIONAL LOCATIONS	Mt Waverley Mornington Peninsula			Malvern	



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Dr Lyndon Hale
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ADDITIONAL LOCATIONS	Bundoora Epping		Templestowe Lower	Templestowe Lower	



Dr Karen Paice
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T 9415 1815



Dr Joseph Sgroi
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ADDITIONAL LOCATIONS					Templestowe Lower



A/Prof Kate Stern
T 9415 1838



Dr Wan Tinn Teh
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ADDITIONAL LOCATIONS		Templestowe Lower		Mt Waverley Mornington Peninsula