

# Referral for Fertility Treatment

## Regarding patient:

Patient's name

Partner's name (if applicable)

## Reason for referral:

- Fertility evaluation
- Infertility treatment
- Miscarriage investigations

## Requesting Doctor:

Requesting Doctor's name and provider number

Signature

Date

  

Indefinite referral

Clinical details (optional)

# Genea Elements IVF: Fertility Specialists

## Bella Vista

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## Wollongong

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**Assoc Prof. Lionel Reyftmann**

MD, FRANZCOG, DESC of reprod.  
medicine (French CREI equiv.)



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