

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 9885 2112



Dr Melissa Cameron
T 9416 3320



Dr Fleur Cattrall
T 8415 0800



Dr Weng Chan
T 9886 6248



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T 9473 4444

PRIMARY CONSULTING LOCATION	3 Meadow Crescent Mt Waverley	Suite 3 320 Victoria Parade East Melbourne	Ground Floor 344 Victoria Parade East Melbourne	40 Lemana Crescent Mount Waverley	Suite 10 320 Victoria Parade East Melbourne
ADDITIONAL LOCATIONS	Mornington Peninsula				



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Dr Lyndon Hale
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Dr Violet Kieu
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ADDITIONAL LOCATIONS	Werribee		Templestowe Lower	Templestowe Lower	



Dr Karen Paice
T 9419 5757



A/Prof Alex Polyakov
T 9486 0677



Dr Myran Ponnam-Palam
T 9769 3707



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ADDITIONAL LOCATIONS					Mornington Peninsula



Dr Joseph Sgroi
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ADDITIONAL LOCATIONS		Templestowe Lower		Templestowe Lower	



A/Prof Jim Tsaltas
T 9416 1172

PRIMARY CONSULTING LOCATION	Suite 119 320 Victoria Parade East Melbourne
ADDITIONAL LOCATIONS	Mt Waverley Mornington Peninsula

YOUR FERTILITY FAMILY

mivf.com.au