

### Patient Details

Name:  Date of Birth:

Address:

Suburb:  State:  P/code:

Email:

Medicare number:  Exp Date:  Reference #:

### Referring Doctor Details

Doctor's name, address and Provider number:

Doctors Details / Stamp

Reason for referral:

- ☐ Semen Analysis
- ☐ Ovulation Tracking
- ☐ Fertility Investigations
- ☐ Preimplantation Genetic Diagnosis
- ☐ Egg/Sperm (Donor/Recipient) treatment
- ☐ Egg/Sperm Freezing
- ☐ Pregnancy/Miscarriage Monitoring
- ☐ Other:

Signature: \_\_\_\_\_ Referral Date:  ☐ Indefinite

**Refer to:** (please select one of the Genea Newcastle Fertility Specialists below)

<input type="checkbox"/>	 <b>Dr Matthew Holland</b> P: (02) 4952 7409 F: (02) 4965 5270 Suites G5-G6, 26 Lookout Road New Lambton Heights NSW 2305	<input type="checkbox"/>	 <b>Dr Myvanwy McIlveen</b> P: (02) 4908 6555 F: (02) 4969 5135 193 Corlette Street The Junction NSW 2291	<input type="checkbox"/>	 <b>Dr Erin Fuller</b> P: (02) 4908 6555 F: (02) 4969 5135 193 Corlette Street The Junction NSW 2291
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