



BOCA RATON  
 COOPER CITY  
 JUPITER  
 MIAMI  
 NAPLES  
 VIERA

**PROVIDERS:** Please fax this form to 305.388.6240 before handing to patient.

**PATIENTS:** Please call us at 866.483.6366 to schedule your appointment.

<b>Patient Name</b>	<b>Date of Birth</b>	<b>Patient Phone</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please select the desired service below:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Egg Donation                          | <input type="checkbox"/> Hysterosalpingogram (HSG)            | <input type="checkbox"/> Polycystic Ovarian Syndrome/<br>Anovulation |
| <input type="checkbox"/> Endometriosis                         | <input type="checkbox"/> Hysteroscopy                         | <input type="checkbox"/> Premature Ovarian Failure                   |
| <input type="checkbox"/> Female Infertility                    | <input type="checkbox"/> In Vitro Fertilization (IVF)         | <input type="checkbox"/> Recurrent Pregnancy Loss                    |
| <input type="checkbox"/> Fertility Preservation (Egg Freezing) | <input type="checkbox"/> In Vitro Fertilization (IVF) w/ ICSI | <input type="checkbox"/> Other _____                                 |
| <input type="checkbox"/> Gender Selection/Family Balancing     | <input type="checkbox"/> Infertility Workup                   | _____  |
| <input type="checkbox"/> Genetic Testing/PGT                   | <input type="checkbox"/> Male Infertility                     |  |
| <input type="checkbox"/> Gestational Surrogacy                 | <input type="checkbox"/> Hysteroscopic Myomectomy             |  |

<b>Referring Physician Name</b>	<b>Please Indicate Specialty</b>		
<input type="text"/>	<input type="checkbox"/> OB/GYN <input type="checkbox"/> Urologist <input type="checkbox"/> Primary <input type="checkbox"/> Other:		
<b>Physician Address</b>	<b>Phone</b>	<b>Fax</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Authorized Signature</b>	<b>Date</b>		
<input type="text"/>	<input type="text"/>		

Other helpful information you can provide:

1. Demographic sheet from your electronic medical record (this is required for all patients)
2. Most recent History & Physical
3. Most recent lab results
4. Most recent ultrasound report
5. Other diagnostic reports that will help us make the most of this appointment

Learn more about us at [ivfmd.com](http://ivfmd.com)

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