



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.

Patient Name

Date of Birth

Patient Phone

[Input fields for Patient Name, Date of Birth, and Patient Phone]

Please select the desired service below:

- Egg Donation
- Endometriosis
- Female Infertility
- Fertility Preservation (Egg Freezing)
- Gender Selection/Family Balancing
- Genetic Testing/PGT
- Gestational Surrogacy
- Hysterosalpingogram (HSG)
- Hysteroscopy
- In Vitro Fertilization (IVF)
- In Vitro Fertilization (IVF) w/ ICSI
- Infertility Workup
- Male Infertility
- Hysteroscopic Myomectomy
- Polyendocrine Metabolic Ovarian Syndrome (PMOS) / Anovulation
- Premature Ovarian Failure
- Recurrent Pregnancy Loss
- Other _____

Referring Physician Name

Please Indicate Specialty

[Input field for Referring Physician Name] **OB/GYN Urologist Primary Other:**

Physician Address

Phone

Fax

[Input fields for Physician Address, Phone, and Fax]

Authorized Signature

Date

[Input fields for Authorized Signature and Date]

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

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