**Medícal Centre Name~**

**Referring Doctors Name~**

**Date ~**

**Flinders Fertility Fax 8155 5330**

Flinders Fertility

24 Gordon St

Glenelg SA 5045

enquire@flindersfertility.com.au

|  |  |  |
| --- | --- | --- |
| Re: \*Patients Name~DOB ~ Address~Medicare No.~ Phone Number~  | and her/his partner | \*~ Partners Name~ DOB ~ Address~Medicare No.~ Phone Number~  |

**Presenting Problem:**

Thank you for seeing Patient Name~ and Partner Name~

**Past History:**

**BMI or Height & Weight[[1]](#footnote-1):**

**Allergies:**

**Current Medications:**

**Relevant Investigations: (**Detail previous infertility investigations / Any recent infection screens)

**CST Results:** (please attach current CST result[[2]](#footnote-2))

Yours sincerely

Dr ~

Provider No.~

1. Flinders Fertility is unable to perform procedures on patients with a BMI over 40 or who weigh over 120kg due to Day Surgery suite requirements. [↑](#footnote-ref-1)
2. Flinders Fertility is unable to treat females without a current CST result. [↑](#footnote-ref-2)