



# Referral for Financial Assistance for IUI

(To be completed by a Gynecologist or Fertility Specialist)



## 1) Patient (Wife's) Details

Name:	NID No:	Age:
Body Mass Index (BMI):	Weight (kg):	Height (cm):

FSH (Follicle-stimulating Hormone) level (iu/L) <i>(taken between day 2 and 5 of the cycle):</i>		
AMH (Anti-Müllerian Hormone) <i>(within the last 6 months)</i>		

## 2) Patient (Husband's) Details

Name:	NID No:	Age:
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Sperm Density	
Sperm Motility (%)	
Total Motile Sperm Count	
Sperm Morphology (%)	

## 3) Doctor's Referral

I hereby recommend the above patient for IUI treatment for the following reasons:

- Husband/Wife has a diagnosed cause of absolute infertility which precludes any possibility of natural conception  
*(Remarks/Diagnosis)* .....
- Couple has had 36 months of unexplained infertility  
*(Remarks/Diagnosis)* .....
- Couple has tried other unsuccessful assisted conception methods and IUI is the best recommended form of infertility treatment *(Remarks/Diagnosis)*  
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Please add other reasons for referral for IUI

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- To the best of my knowledge, neither Husband nor Wife has previously undergone previous sterilization procedure

Doctor's Name:	Registration No:
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Stamp & Signature:
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Date:
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List of Attachments: <ul style="list-style-type: none"> <li>Lab test results for FSH, AMH levels and Semen Analysis</li> <li>Any other supporting medical documents</li> </ul>
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