

**Referral for Financial Assistance for IVF**

*(To be completed by a Gynecologist or Fertility Specialist)*

<b>1) Patient (Wife's) Details</b>		
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>	

<b>1) Husband's Details</b>		
Name:	NID No:	Age:

<b>2) Doctor's Referral</b>
<p>I hereby recommend the above Patient for IVF treatment for the following reason(s):</p> <p><input type="checkbox"/> Husband/Wife has a diagnosed cause of absolute infertility which precludes any possibility of natural conception <i>(Remarks/Diagnosis) .....</i></p> <p><input type="checkbox"/> Couple has had 36 months of unexplained infertility <i>(Remarks/Diagnosis) .....</i></p> <p><input type="checkbox"/> Couple has tried other unsuccessful assisted conception methods and IVF is the best recommended form of infertility treatment <i>(Remarks/Diagnosis) .....</i></p> <p>Please add other reasons for referral for IVF ..... ..... ..... .....</p> <p><input type="checkbox"/> To the best of my knowledge, neither the husband nor the wife has previously undergone previous sterilization procedure</p>

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 and AMH levels</li> <li>• Any other supporting medical documents</li> </ul>
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