



ROYAL HOSPITAL FOR WOMEN  
FERTILITY & RESEARCH CENTRE



GPs TO RETURN EITHER BY

Email: [SESLHD-FertilityandResearchCentre@health.nsw.gov.au](mailto:SESLHD-FertilityandResearchCentre@health.nsw.gov.au) or

FAX: 9382 6638

ALL REFERRALS ARE TRIAGED PRIOR TO APPOINTMENTS BEING MADE

FERTILITY CONSULTANTS

- Dr Michael Costello
- Dr Rebecca Deans
- Dr Louise Fay
- Dr Stephen Horowitz
- Prof William Ledger
- Dr Rachael Rodgers
- Dr Raewyn Teirney

RECURRENT MISCARRIAGE

- A/Prof Gavin Sacks

Dear Doctor..... (pls add Drs name from list above)  
(dependent on availability)

Re: PARTNER 1 DETAILS

First name:..... Surname:.....

Dob: ...../...../..... Country of Birth.....

Address: .....

Suburb:..... postcode:.....

Medicare number: \_\_\_\_\_ (ref\_\_ ) Phone:.....

Re: PARTNER 2 DETAILS

First name:..... Surname:.....

Dob: ...../...../..... Country of Birth.....

Address: .....

Suburb:..... postcode:.....

Medicare number: \_\_\_\_\_ (ref\_\_ ) Phone:.....

Relevant clinical history/ indication for referral:

REFERRING DOCTORS DETAILS:

Doctors signature: .....

Doctors name:.....

Practice address:.....

Provider number:..... Date of referral:.....