- [ ] Jerald Goldstein, MD
- [ ] Rebecca Chilvers, MD
- [ ] Satin Patel, MD
- [ ] Daniel Skora, MD
- [ ] Janelle Dorsett, MD
- [ ] Ali Guerami, MD
- [ ] First Available Physician

Fertility Specialists OF TEXAS

Date: _____

- [ ] Frisco
- [ ] Dallas
- [ ] Rockwall
- [ ] Southlake
- [ ] Fort Worth

Please FAX this Referral to 214.618.7838

Patient Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (cell): _____ Phone (work): _____

Email: _____

Reason for Referral (please check all that apply)

- [ ] **Infertility**
- [ ] **PCOS**
- [ ] **Recurrent Pregnancy Loss**
- [ ] **Pre-implantation Genetic Testing**
- [ ] **Egg Donor**
- [ ] **Male Factor**
- [ ] **Fertility Preservation**
- [ ] **HSG (please list allergens)**
- [ ] **Permanent Sterilization Confirmation Test**

  Date of Procedure: _____
- [ ] **Egg Freezing**
- [ ] **Endometriosis**

Allergies: _____

Comments / Instructions: _____

_____

Patients – Please bring current list of medications and dosages.

For Referring Physician Only

Referral Name: _____

Referral Signature: _____

Referral Address: _____

City: _____ State: _____ Zip: _____

Referral Phone (cell): _____ Referral Phone (work): _____

Multiple Locations Throughout North Texas

Frisco | Dallas | Rockwall | Southlake | Fort Worth

FertilityTexas.com