

A/Prof Wan Tinn Teh

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Gynaecology & Fertility

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Patient Details

Name: _____

Phone number: _____

D.O.B: _____

Referring Doctor:

URGENT

Signature:

Preferred location:

- City Fertility, Level 1, 150 Jolimont Road, **East Melbourne**
- Epworth Eastern, Suite 13.3, Level 13, East Wing Tower, 25 Nelson Road, **Box Hill**

For consideration of:

- Fertility
- Gynaecology
- Colposcopy (East Melbourne only)

Clinical details:

General instructions for patients

Please bring the following to your first appointment:

- This form or your referring doctor's letter
- All relevant test results e.g. blood tests, ultrasound etc.
- Medicare card and private hospital insurance information (if applicable)

For patients having colposcopy:

- Best to avoid having the test during your period
- Please allow at least 30minutes of appointment time