



Wilgers Infertiliteits Kliniek Wilgers Infertility Clinic

Practice number: 5808650

HOOFKOMPLEKS, WILGERS HOSPITAAL, 1ste VLOER,
HOOFTEATER

MAIN COMPLEX, WILGERS HOSPITAL, 1st. FLOOR, MAIN THEATRE

Posbus/P.O.Box 936, Pretoria, 0001

Tel: 012-807 8398. Faks/Fax: 086 298 7122

e-pos/e-mail: info@wilgersinfertilityclinic.co.za

www.wilgersinfertilityclinic.co.za

Dr Chris Niemandt, MBChBMMED (O et G) LKOG(SA)
Subspecialist: Reproductive Medicine

Tel: 012-807 0232 / 012-807 0221. Fax: 012-807-1937

E-mail: nievrey@telkomsa.net

TO WHOM IT MAY CONCERN

Thank you for enquiring about possible treatment at our Clinic. Please book an appointment at our rooms on 012-8070232/0221.

Could you please supply us with all the relevant information on the accompanying forms and e-mail it back to our rooms (nievrey@telkomsa.net) at least 2 weeks prior to your appointment.

Yours sincerely

DR C NIEMANDT



Wilgers Infertiliteits Kliniek Wilgers Infertility Clinic

Practice number: 5808650

HOOFKOMPLEKS, WILGERS HOSPITAAL, 1ste VLOER,
HOOFTATER

MAIN COMPLEX, WILGERS HOSPITAL, 1st. FLOOR, MAIN THEATRE

Posbus/P.O.Box 936, Pretoria, 0001

Tel: 012-807 8398. Faks/Fax: 086 298 7122

e-pos/e-mail: info@wilgersinfertilityclinic.co.za

www.wilgersinfertilityclinic.co.za

Dr Chris Niemandt, MBChBMMED (O et G) LKOG(SA)
Subspecialist: Reproductive Medicine

Tel: 012-807 0232 / 012-807 0221. Fax: 012-807-1937

E-mail: nievrey@telkomsa.net

SECTION 1 - PATIENT INFORMATION

Full Names _____ Surname: _____

ID Number: _____ Date of Birth: _____

Gender: _____ Home Language _____

Contact Number _____ Work Number _____

Email Address: _____ Skype ID: _____

Occupations: _____ Employer: _____

Residential Address: _____ Code _____

Marital Status (Married/Partners/Engaged/Other) _____

SECTION 2 - PARTNER INFORMATION

Full Names: _____ Surname: _____

ID Number: _____ Date of Birth: _____

Gender: _____ Home Language: _____

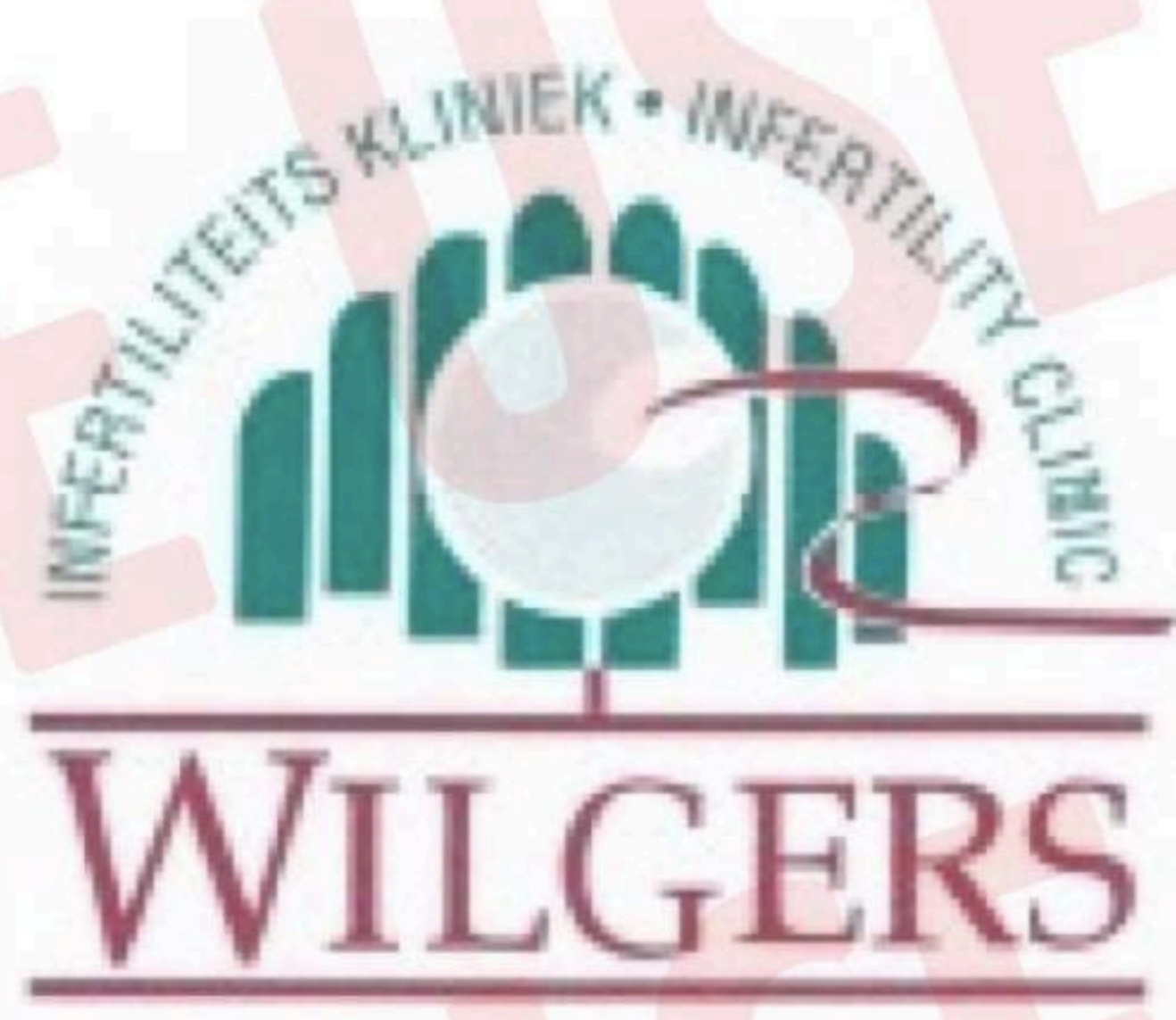
Contact Number: _____ Work Number: _____

Email Address: _____ Skype ID: _____

Occupation: _____ Employer: _____

Residential Address: _____ Code: _____

Referring Doctor: _____



Wilgers Infertiliteits Kliniek Wilgers Infertility Clinic

Practice number: 5808650

HOOFKOMPLEKS, WILGERS HOSPITAAL, 1ste VLOER,
HOOFTATER

MAIN COMPLEX, WILGERS HOSPITAL, 1st. FLOOR, MAIN THEATRE

Posbus/P.O.Box 936, Pretoria, 0001

Tel: 012-807 8398. Faks/Fax: 086 298 7122

e-pos/e-mail: info@wilgersinfertilityclinic.co.za

www.wilgersinfertilityclinic.co.za

Dr Chris Niemandt, MBChBMMED (O et G) LKOG(SA)
Subspecialist: Reproductive Medicine

Tel: 012-807 0232 / 012-807 0221. Fax: 012-807-1937

E-mail: nievrey@telkomsa.net

Page Two

DOCTOR CONTACT DETAILS:

General Practitioner Name: _____

Contact Number: _____

Email Address: _____

Gynae Name: _____

Contact Number: _____

E-mail Address: _____

What are your expectations from Wilgers Infertility Clinic (Briefly explain) _____

PREVIOUS INFERTILITY TREATMENT:

Have you had any of the treatments at any other clinic (IVF/AI/Timed Intercourse)? Please specify below:

-

-

PREVIOUS SURGICAL PROCEDURES:

-

PREVIOUS BLOODTEST RESULTS:

-



Wilgers Infertiliteits Kliniek Wilgers Infertility Clinic

Practice number: 5808650

HOOFKOMPLEKS, WILGERS HOSPITAAL, 1ste VLOER,
HOOFTEATER

MAIN COMPLEX, WILGERS HOSPITAL, 1st. FLOOR, MAIN THEATRE

Posbus/P.O.Box 936, Pretoria, 0001

Tel: 012-807 8398. Faks/Fax: 086 298 7122

e-pos/e-mail: info@wilgersinfertilityclinic.co.za

www.wilgersinfertilityclinic.co.za

Dr Chris Niemandt, MBChBMMED (O et G) LKOG(SA)
Subspecialist: Reproductive Medicine

Tel: 012-807 0232 / 012-807 0221. Fax: 012-807-1937

E-mail: nievrey@telkomsa.net

—

RESULTS OF SEMEN ANALYSIS:
