

The Muasher Center for Fertility and IVF Patient Referral Information

Patient Name: _____ **Date:** _____

Please take a few moments to complete the referral information in its entirety. It is important that we know how you learned of our practice. One of our goals is to provide community education concerning the treatment of infertility.

1. Were you referred to The Muasher Center by your OB/GYN or Family Practitioner?
 OB/GYN Primary Care Physician Other specialist

2. If you were referred by a physician, please enter his/her name below:

3. Did a current and/or previous patient, friend or family member refer you to the Muasher Center?
 Friend Family Member Patient

4. Did you attend one of our patient educational seminars?
 Yes No If yes, Location: _____

5. Did the seminar help you decide to schedule a consultation?
 Yes No

6. Did you consult the Yellow Pages as a first means to locate (choose) a specialist?
 Yes No

7. Have you seen any television or news programs that discussed the Muasher Center?
 Yes No If yes, which Program: _____

8. Did you hear our practice mentioned on the radio?
 Yes No

9. Did the advertisement on the radio encourage you to schedule a consultation?
 Yes No

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