

BS/as
9 May 2007

Dr. J K Uppal
St. George's Medical Centre
55 St. George's Avenue
Sheerness
Kent
ME12 1QU

The Chaucer Hospital
Nackington Road
Canterbury
Kent CT4 7AR

Tel 01227 455466
Fax 01227 762733
www.bmihealthcare.co.uk

Dear Dr. Uppal,

Re: Katrina Margery (Dob: 24.05.1967) David Rook (Dob: 07.09.1957)
49 Sheppey Beach Villas, Manor Way, Leysdown on Sea, Sheerness ME12 4QQ

Thank you for your referral on the above patient. Before they can come through for treatment they need the following investigations carried out:

MAY 2007

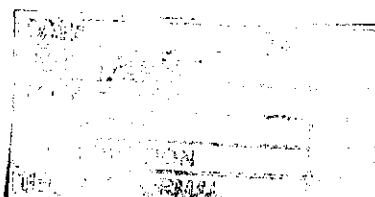
Test	Female Partner	Male Partner
FSH (day 2 – 4 of cycle)	✓	
Rubella	✓	✓
HIV	✓	✓
Hepatitis B	✓	✓
Hepatitis C	✓	✓
Pelvic Scan	✓	
Swabs (chlamydia & HVS)	✓	
Smears (Up to date)	✓	

Once these have been done and the results forwarded to us then an appointment will be made.

Yours sincerely,

THE BRABOURNE SUITE

The Chaucer Hospital



BMI *The Chaucer Hospital*

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Ms. Katrina Margery and Mr. David Rook
49 Sheppey Beach Villas
Manor Way
Leysdown-on-Sea
Sheerness
ME12 4QQ

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Canterbury
Kent CT4 7AR

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14 MAY 2007

Dear Ms. Margery and Mr. Rook,

You have been referred to the Brabourne Suite for NHS assisted conception treatment. Before we can make an appointment for you to both to be seen here you will need the following investigations to be completed and results forwarded to us here.

The tests with a ✓ are the tests that are required for you (or partner)

Test	Female Partner	Male Partner
FSH (day 2 – 4 of cycle)	✓	
Rubella	✓	✓
HIV	✓	✓
Hepatitis B	✓	✓
Hepatitis C	✓	✓
Pelvic Scan	✓	
Swabs (chlamydia & HVS)	✓	
Smears (Up to date)	✓	

Once we have received these we will send you your appointments. We have also contacted your referring doctor with this list. Would you therefore make an appointment to see your referring doctor or GP as soon as possible and to ensure your GP is aware of the tests that are needed, we ask that you take this letter with you to your appointment with your GP?

We have enclosed forms that need to be completed and returned to us. The pink form is for the female partner to complete and the blue for the male partner to complete. In total there are 5 forms that we need returned: The Brabourne Suite Registration form, the Hospital registration form, the pink consent form, the blue consent form and the Referral to the Brabourne Suite form.

Enclosed is a leaflet for your information regarding the various tests that are required prior to the start of treatment.

Please complete the enclosed forms and return to Beverley Russell in the envelope provided.

Thank you – The BRABOURNE SUITE

Copy:
Dr. J K Uppal ✓

