

Application form for IVF/ICSI Fertility treatment Abroad

Insured person:

Initials / Name

Date of birth

Relation number

Medical certificate:

IVF

ICSI

Indication/Explanation:

Have you undergone any other kind of fertility treatment before?

No

Yes If so, which one(s)?

Tick any specialist procedures that will be used for IVF/ICSI:

MESA

PESA

TESE

PGD/PGS

Assisted Hatching

Eggdonation

None

Other:

Is any of the IVF/ICSI treatment being provided in the Netherlands?

No

Yes, in:

Which parts of the treatment are being provided in the Netherlands, and which parts abroad?

Where is the IVF/ICSI treatment being provided?

Name of organisation:

City/town and country:

Name of attending doctor:

Signature of attending doctor:

Stamp:

Self-declaration of insured person for IVF/ICSI (tick the attempt and state the expected start date)

Age at commencement of next attempt:

years

Attempt:

(Expected) start date:

1st IVF/ICSI

- -

2nd IVF/ICSI

- -

3rd IVF/ICSI

- -

4th IVF/ICSI

- -

Signature of insured person:

N.B. Forms must be completed in full and signed before they can be processed.