

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 doctor making the referral: 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.