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The Center for
Reproductive Medicine
*The Best Science, Medicine
And Care for Each Family*

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Dear _____,

We take this opportunity to welcome you to our practice. **We ask that you read all pages.** Our mission is to provide the finest care in Reproductive Endocrinology & Infertility in a compassionate and professional environment. Our policy is to schedule new patient appointments for a one-hour period of time in which our physicians devote their full attention to your needs and questions. **We ask that you arrive 30 minutes prior to your scheduled appointment to complete any additional information that we may need.**

In consideration of our other patients, we request a 48-hour notice of cancellation.

If your insurance policy requires a referral from your primary care physician it is your responsibility to obtain this referral prior to your scheduled appointment. In the event you do not bring your referral number with you at your appointment then you are responsible for all charges incurred during that visit. **We suggest you contact your insurance company in advance to determine if a referral number is required.**

Female and male infertility questionnaires and consent forms are enclosed. We ask you to complete and sign all forms and return them to our office prior to your appointment.

Please remember to bring your insurance card and driver's license with you. Our physicians suggest that your husband come with you. Please have your pertinent medical records mailed to us prior to your visit including laboratory tests, ultrasound reports, prior infertility treatments, operative notes, HSG & sperm counts. **Enclosed is a records release for you to complete and send to your OB-GYN or appropriate physician.**

If you would like additional infertility information, please refer to our website at **www.infertilityalabama.com.**

Enclosed is a map with directions to our office.

We look forward to seeing you.

Fia Z. Roe
Office Manager