



The Center for Reproductive Medicine
Mobile, Pensacola, Montgomery and Dothan

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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 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 retain 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 and you bring your records, pictures or videos relating to your prior infertility care. **Enclosed is a records release for you to complete and send to your OB-GYN or appropriate doctor.** If you would like additional infertility information, please refer to our website at [**www.infertilityalabama.com**](http://www.infertilityalabama.com).

For future use, we have enclosed a map with directions to our Mobile office & information for the MIMC Guest House.

We look forward to seeing you.

Fia Z. Roe
Office Manager