

Dr Myuran Ponnam-Palam

MBBS BSc(Med) Hons DRACOG FRANZCOG MM
Female and Male Infertility
Provider No. 5685074J

Suite 2, Level 1, 18-24 Clyde Road Berwick VIC 3806
T. 03 8788 7110 F. 03 8738 1517
E. admin@myran.com.au
W. www.drpalam.com.au

DATE: _____

YOUR TREATMENT PLAN

NAME: _____ Date of Birth: _____

<p><u>First Cycle</u></p> <ul style="list-style-type: none"><input type="radio"/> Natural cycle<input type="radio"/> Letrozole or Clomid Ovulation Induction<input type="radio"/> FSH Inject Ovulation Induction<input type="radio"/> Intrauterine Insemination IUI<input type="radio"/> IVF	<p><u>Notes/Instructions/Dosage</u></p> <p>LETROZOLE- Side Effects- headaches, irritable & sleep disturbance.</p> <p>DAY 1- Period. Call clinic to book Ultrasound for Day 11, 12 or 13</p> <p>DAY 2 to 6- Letrozole 2.5mg (5 days)</p> <p>DAY 9- Stop Intercourse</p> <p>DAY 11, 12 or 13- Ultrasound</p>
<p><u>Second Cycle</u></p> <ul style="list-style-type: none"><input type="radio"/> Natural cycle<input type="radio"/> Letrozole or Clomid Ovulation Induction<input type="radio"/> FSH Inject Ovulation Induction<input type="radio"/> Intrauterine Insemination IUI<input type="radio"/> IVF	<p><u>Notes/Instructions/Dosage</u></p>
<p><u>Third Cycle</u></p> <ul style="list-style-type: none"><input type="radio"/> Natural cycle<input type="radio"/> Letrozole or Clomid Ovulation Induction<input type="radio"/> FSH Inject Ovulation Induction<input type="radio"/> Intrauterine Insemination IUI<input type="radio"/> IVF<input type="radio"/> Surgery	<p><u>Notes/Instructions/Dosage</u></p>