

Obstetrics, Gynaecology & Reproductive Medicine CPD 2015



To share knowledge and provide needed information to healthcare professionals who are interested to update their skills and knowledge.

Date : 18 January 2015 (Sunday)

Time : 9.00am – 1.30pm

Venue : TMC Fertility Centre, 2nd Floor



Time	Event
8.30 am	Registration & Refreshments
9.00 am	Welcome Speech by Dr Koh Kah Chai, CPD Chairman, Manipal Alumni Association Malaysia
9.15 am	Insights and Updates on Fertility Treatments for Primary Caregivers by Dr. Surinder Singh <i>Consultant Obstetrician & Gynaecologist, Fertility Specialist</i>
9.45 am	Irregular Monthly Menstrual Cycle : Polycystic Ovary Syndrome(PCOS) by Dr Nurhazinat Yunus <i>Consultant Obstetrician & Gynaecologist, Fertility Specialist</i>
10.15 am	Initial Approach to Infertile Couples by Dr Wai Kok Yau <i>Consultant Obstetrician & Gynaecologist, Fertility Specialist</i>
10.45 am	Tea Break
11.15 am	The A.R.T of Making Babies by Dr Navdeep Singh Pannu <i>Consultant Obstetrician & Gynaecologist, Fertility Specialist</i>
11.45 am	Q & A Session & Fellowship
12.15 pm	Lunch

* CPD Points will be awarded



Dr Surinder Singh

MBBS, MMed, O&G (Malaysia), AM, FAGE, Fellow of International College of Surgeons (USA)
Consultant Obstetrician & Gynaecologist, Fertility Specialist



Dr Nurhazinat Yunus

MBBS (UM), Master in O&G (UKM)
Consultant Obstetrician & Gynaecologist, Fertility Specialist



Dr Wai Kok Yau

MBBS (UW), MRCOG (UK)
Consultant Obstetrician & Gynaecologist, Fertility Specialist



Dr Navdeep Singh Pannu

MBBS (Bcg), M.MED O&G (Malaya), MRCOG (London), AM (Malaysia), Cert. A.R.T.(Singapore)
Fellow of International College of Surgeons (USA), Fellowship & Diploma in Minimal Access Surgery
Consultant Obstetrician & Gynaecologist, Fertility Specialist

For enquiry / registration, please contact Ms Suk Yin at 016-2111 657. To register, please email to sukyin.chong@tmclife.com or fax to **03-6287 1001** by **16 January 2015 (Friday)**



Full Name : _____ NRIC : _____ - _____ - _____
 Address : _____ E-mail : _____
 _____ Office Telephone No. _____ Fax : _____
 _____ Postcode : _____ Mobile No. _____

I agree to provide TMC Fertility Centre the above information.

I want / do not want TMC Fertility Centre to send me information and update of the centre's activities and promotions.

Signature : _____

Date : _____

Meal preference :

Vegetarian

Non-vegetarian