

OUT OF TOWN MONITORING ORDERS FAX ORDERS PRIOR TO SCHEDULING APPOINTMENT

Thank you for referring your patient to The Reproductive Medicine Group. So that we may provide the appropriate service or testing requested, it is important to provide us with the following information: **date of referral, patient first and last name, date of birth, diagnosis** for the service requested, the **Ordering Physician's name and office location and fax number** to send our findings to you.

If your patient will require more than one visit to our practice, the patient will need a consult with one of our physicians before monitoring services can be performed.

If your facility is going to be financially responsible for the patient's medical services, we will need the attached Credit Card Authorization form to be signed by the person financially responsible for payment of services. **Please fax the completed, signed Credit Card Authorization form to our billing office at (813) 676-8812.**

Patient Name: _____ **Patient DOB:** _____

Ordering Physician: _____ **Physician Signature:** _____

Facility Name: _____ **Facility Contact:** _____

Facility Phone Number: (____) _____ **Fax Number to send results:** (____) _____

Date To be Performed: _____

Please select the orders to be performed. Please remember to indicate the corresponding diagnosis:

| | |
|---|---|
| <input type="checkbox"/> Labwork: <input type="checkbox"/> Stat <input type="checkbox"/> Stat <input type="checkbox"/> Estradiol (E2) <input type="checkbox"/> Stat <input type="checkbox"/> FSH <input type="checkbox"/> Stat <input type="checkbox"/> LH <input type="checkbox"/> Stat <input type="checkbox"/> Progesterone (P4) <input type="checkbox"/> Stat <input type="checkbox"/> Beta hCG, quant. <input type="checkbox"/> Stat <input type="checkbox"/> Other: _____ | Diagnosis to use for requested labs: <input type="checkbox"/> Z31.83 - Encounter for assisted reproductive fertility procedure <input type="checkbox"/> Z31.84 - Encounter for fertility preservation procedure <input type="checkbox"/> Z52.810 – Anonymous Egg Donor <input type="checkbox"/> Z52.89 – Organ Tissue Donor (Gestational Surrogate) <input type="checkbox"/> Z32.00 – Encounter for pregnancy test unconfirmed <input type="checkbox"/> Z32.01 – Pregnancy test, positive result |
|---|---|

| | |
|---|---|
| <input type="checkbox"/> Transvaginal Ultrasound Monitoring: <input type="checkbox"/> Stat <input type="checkbox"/> Follicle Count and Size <input type="checkbox"/> Endometrial Thickness and Pattern <input type="checkbox"/> Abnormalities: _____ | Diagnosis to use for requested procedure: <input type="checkbox"/> Z31.83 - Encounter for assisted reproductive fertility procedure <input type="checkbox"/> Z31.84 - Encounter for fertility preservation procedure <input type="checkbox"/> Z52.810 – Anonymous Egg Donor <input type="checkbox"/> Z52.89 – Organ Tissue Donor (Gestational Surrogate) |
|---|---|

| | |
|---|---|
| <input type="checkbox"/> Saline Infusion Sonogram: <input type="checkbox"/> Stat <input type="checkbox"/> N97.0- Infertility Anovulation <input type="checkbox"/> N97.1- Infertility Tubal Origin <input type="checkbox"/> N97.2- Infertility Uterine Origin <input type="checkbox"/> N97.9- Infertility Unexplained <input type="checkbox"/> N97.1- Infertility Other | Diagnosis to use for requested procedure: <input type="checkbox"/> Z31.81 - Male factor infertility in female patient <input type="checkbox"/> N96 - Recurrent Pregnancy Loss <input type="checkbox"/> Z52.810 – Anonymous Egg Donor <input type="checkbox"/> Z52.89 – Organ Tissue Donor (Gestational Surrogate) <input type="checkbox"/> Other: _____ |
|---|---|

PLEASE CALL ONE OF OUR OFFICES LISTED BELOW TO SCHEDULE AN APPOINTMENT

| | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> 5245 East Fletcher Ave Suite 1 Tampa, FL 33617 Phone: 813.914.7304 Fax: 813.914.7314 | <input type="checkbox"/> 612 Medical Care Dr Brandon, FL 33511 Phone: 813.661.9114 Fax: 813.661-8337 | <input type="checkbox"/> 2919 Swann Ave Suite 305 Tampa, FL 33609 Phone: 813.870.3553 Fax: 813.872-8727 | <input type="checkbox"/> 3165 McMullen Booth Rd Suite F-2 Clearwater, FL 33761 Phone: 727.724.0702 Fax: 727.724.1923 | <input type="checkbox"/> 3743 Maryweather Ln Suite 101 Wesley Chapel, FL 33544 Phone: 813.279.7118 Fax: 813.388.2256 |
|---|---|---|--|--|