



COOPER CITY
JUPITER
MIAMI
NAPLES
VIERA

REQUEST FOR HYSTEROSALPINGOGRAM

Patient Name _____ Date of Birth _____ LMP _____

Recurrent Pregnancy Loss (N96) Encounter for Fertility Testing (Z31.41) Tubal Litigation Status (Z98.51)
 Female Pelvic Peritoneal Adhesions, Post Infection (N73.6) Other _____

BILLING INFORMATION (Must be completed)

Home Phone _____ Work Phone _____

Home Address _____

Insurance _____ Group # _____ ID# _____

Insured Name (if other than patient) _____ Authorization # _____

Referring Physician Name _____ Phone _____ Fax _____

NPI # _____

Authorized Signature _____ Date _____

IMPORTANT: Ordering physician is required to prescribe all appropriate medications and fax order to IVFMD at 305.388.6240. Please be aware it is the patient's responsibility to obtain appropriate referral if required by your insurance policy.

Please call 866.483.6366 or email us at appointments@ivfmd.com on day one (1) of your menstrual cycle. The test will be scheduled after flow, but prior to day 12 of your cycle.

Medications

Is patient allergic to Iodine or Shellfish No Yes (patient will need a driver)

Patients Allergic to Shellfish

- Benadryl 50mg one (1) hour prior to the procedure
- Start a Medrol Dose the day prior to the procedure

All Patients

Unless contraindicated, take four (4) ibuprofen (such as Advil) or two (2) naproxen (such as Aleve) pills one hour prior, and follow any special instructions given to you by our office.

Other Orders/Comments _____

Scan here to request an appointment electronically or visit ivfmd.com/contact

