

## 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:

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| <input type="checkbox"/> Labwork: <input type="checkbox"/> Stat<br><input type="checkbox"/> Stat <input type="checkbox"/> Estradiol (E2)<br><input type="checkbox"/> Stat <input type="checkbox"/> FSH<br><input type="checkbox"/> Stat <input type="checkbox"/> LH<br><input type="checkbox"/> Stat <input type="checkbox"/> Progesterone (P4)<br><input type="checkbox"/> Stat <input type="checkbox"/> Beta hCG, quant.<br><br><input type="checkbox"/> Stat <input type="checkbox"/> Other: _____ | <b>Diagnosis to use for requested labs:</b><br><input type="checkbox"/> Z31.83 - Encounter for assisted reproductive fertility procedure<br><input type="checkbox"/> Z31.84 - Encounter for fertility preservation procedure<br><input type="checkbox"/> Z52.810 – Anonymous Egg Donor<br><input type="checkbox"/> Z52.89 – Organ Tissue Donor (Gestational Surrogate)<br><input type="checkbox"/> Z32.00 – Encounter for pregnancy test unconfirmed<br><input type="checkbox"/> Z32.01 – Pregnancy test, positive result |
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| <input type="checkbox"/> Transvaginal Ultrasound Monitoring: <input type="checkbox"/> Stat<br><input type="checkbox"/> Follicle Count and Size<br><input type="checkbox"/> Endometrial Thickness and Pattern<br><input type="checkbox"/> Abnormalities: _____ | <b>Diagnosis to use for requested procedure:</b><br><input type="checkbox"/> Z31.83 - Encounter for assisted reproductive fertility procedure<br><input type="checkbox"/> Z31.84 - Encounter for fertility preservation procedure<br><input type="checkbox"/> Z52.810 – Anonymous Egg Donor<br><input type="checkbox"/> Z52.89 – Organ Tissue Donor (Gestational Surrogate) |
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| <input type="checkbox"/> Saline Infusion Sonogram: <input type="checkbox"/> Stat<br><input type="checkbox"/> N97.0- Infertility Anovulation<br><input type="checkbox"/> N97.1- Infertility Tubal Origin<br><input type="checkbox"/> N97.2- Infertility Uterine Origin<br><input type="checkbox"/> N97.9- Infertility Unexplained<br><input type="checkbox"/> N97.1- Infertility Other | <b>Diagnosis to use for requested procedure:</b><br><input type="checkbox"/> Z31.81 - Male factor infertility in female patient<br><input type="checkbox"/> N96 - Recurrent Pregnancy Loss<br><input type="checkbox"/> Z52.810 – Anonymous Egg Donor<br><input type="checkbox"/> Z52.89 – Organ Tissue Donor (Gestational Surrogate)<br><input type="checkbox"/> Other: _____ |
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### PLEASE CALL ONE OF OUR OFFICES LISTED BELOW TO SCHEDULE AN APPOINTMENT

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