The Reproductive Medicine Group
INFERTILITY • REPRODUCTIVE ENDOCRINOLOGY • IVF

OUT OF TOWN MONITORING ORDERS
FAX ORDERS TO: (813) 386-7252

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:

☐ Labwork: ☐ Stat

- ☐ Stat ☐ Estradiol (E2)
- ☐ Stat ☐ FSH
- ☐ Stat ☐ LH
- ☐ Stat ☐ Progesterone (P4)
- ☐ Stat ☐ Beta hCG, quant.
- ☐ Stat ☐ Other: _____

Diagnosis to use for requested labs:

- ☐ Z31.83 - Encounter for assisted reproductive fertility procedure
- ☐ Z31.84 - Encounter for fertility preservation procedure
- ☐ Z52.810 – Anonymous Egg Donor
- ☐ Z52.89 – Organ Tissue Donor (Gestational Surrogate)

☐ Transvaginal Ultrasound Monitoring: ☐ Stat

- ☐ Follicle Count and Size
- ☐ Endometrial Thickness and Pattern
- ☐ Abnormalities:

_____

Diagnosis to use for requested procedure:

- ☐ Z31.83 - Encounter for assisted reproductive fertility procedure
- ☐ Z31.84 - Encounter for fertility preservation procedure
- ☐ Z52.810 – Anonymous Egg Donor
- ☐ Z52.89 – Organ Tissue Donor (Gestational Surrogate)

☐ Saline Infusion Sonogram: ☐ Stat

- ☐ N97.0- Infertility Anovulation
- ☐ N97.1- Infertility Tubal Origin
- ☐ N97.2- Infertility Uterine Origin
- ☐ N97.9- Infertility Unexplained
- ☐ N97.1- Infertility Other

Diagnosis to use for requested procedure:

- ☐ Z31.81 - Male factor infertility in female patient
- ☐ N96 - Recurrent Pregnancy Loss
- ☐ Z52.810 – Anonymous Egg Donor
- ☐ Z52.89 – Organ Tissue Donor (Gestational Surrogate)
- ☐ Other: _____

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

612 Medical Care Drive	3165 McMullen Booth Rd, Ste F-2	5245 E Fletcher Ave, Ste 1	2919 Swann Ave, Ste 305
Brandon, FL 33511	Clearwater, FL 33761	Tampa, FL 33617	Tampa, FL 33609
Phone: (813) 661-9114	Phone: (727) 724-0702	Phone: (813) 914-7304	Phone: (813) 890-3553

Revised: 11/12/2019