



HYSTEROSALPINGOGRAM (HSG) REQUISITION

Please bring this form to your appointment.

Dallas IVF - Dallas
3600 Gaston Avenue
Barnett Tower
Suite 1001
Dallas, TX 75246
P: (214) 423-4032
F: (214) 423-4031

Patient Name: _____

DOB: _____

Patient Contact Number: _____

YOUR APPOINTMENT IS:

Date: _____

Time: _____

ARRIVE 15 MINUTES EARLY.

INDICATION FOR HSG:

- | | |
|---|---|
| <input type="checkbox"/> Female infertility of unspecified origin (N97.9) | <input type="checkbox"/> Endometrial polyp (N84.0) |
| <input type="checkbox"/> Female infertility of tubal origin (N97.1) | <input type="checkbox"/> Irregular menstruation, unspecified (N92.6) |
| <input type="checkbox"/> Fertility testing (Z31.41) | <input type="checkbox"/> Amenorrhea, unspecified (N91.2) |
| <input type="checkbox"/> Procreative management, unspecified (Z31.9) | <input type="checkbox"/> Endometriosis, site unspecified (N80.9) |
| <input type="checkbox"/> Irregular menstrual cycles (N92.6) | <input type="checkbox"/> Congenital malformation of uterus and cervix, unspecified (Q51.9) |
| <input type="checkbox"/> Polycystic ovarian syndrome, PCOS (E28.2) | <input type="checkbox"/> Was Essure performed as a preventative service? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Submucous fibroid (D25.0) | Date of Essure procedure: <input type="text"/> |
| <input type="checkbox"/> Chronic salpingitis and oophoritis (N70.13) | <input type="checkbox"/> Was an ablation procedure performed at the time of the |
| <input type="checkbox"/> Pelvic adhesions (N73.6) | Essure procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Recurring pregnancy loss (N96) | |

Referring Physician: _____
(Please print)

Referring Physician Signature: _____

Physician Phone #: _____ Physician Fax #: _____

Allow Dallas IVF team to notify patient of findings

PAYMENT OPTION

- File with insurance
- Private Pay/
No Insurance: \$300

To expedite the scheduling process, please give this form to the patient.

PATIENT INSTRUCTIONS FOR THE HSG:

1. Please call Dallas IVF at (214) 423-4032 the first weekday following the onset of your menses to schedule your HSG. The HSG will be performed between days 6-12 of your cycle.
2. Take one to two tablets of Advil or Motrin one hour prior to your scheduled HSG. Do not take if you are allergic to these medications or other non-steroidals.
3. On the day of the HSG, please arrive at least 15 minutes before your scheduled appointment to allow for registration.
4. Please bring your insurance card to your appointment.

REFERRING PHYSICIAN, PLEASE FAX THIS COMPLETED FORM TO (214) 423-4031
Thank You for referring your patient to Dallas IVF.