



HYSTEROSALPINGOGRAM (HSG) REQUISITION

Please bring this form to your appointment.

Patient Name: _____

Dallas IVF Ambulatory Surgery Center

2840 Legacy Dr., Suite 110

DOB: _____

Frisco, TX 75034

Patient Contact Number: _____

P: (214) 297-0027

F: (214) 297-0034

YOUR APPOINTMENT IS:

Date: _____

Time: _____

ARRIVE 15 MINUTES EARLY.

Cost of HSG is \$375
Made Payable to
Dallas IVF Surgery Center

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"/> Excessive or frequent menstruation (N92.6) |
| <input type="checkbox"/> Fertility testing (Z31.41) | <input type="checkbox"/> Absence of menstruation (N91.2) |
| <input type="checkbox"/> Procreative management (Z31.9) | <input type="checkbox"/> Endometriosis, site unspecified (N80.9) |
| <input type="checkbox"/> Irregular menstrual cycles (N92.6) | <input type="checkbox"/> Congenital anomaly of uterus (Q51.9) |
| <input type="checkbox"/> Polycystic ovary 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"/> Tubal obstruction (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"/> Recurrent pregnancy losses (N96) | |

Referring Physician: _____
(Please print)

Referring Physician Signature: _____

Physician Phone #: _____ Physician Fax #: _____

Allow Dallas IVF team to notify patient of findings

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

PATIENT INSTRUCTIONS FOR THE HSG:

1. Please call the Dallas IVF Surgery Center at 214-297-0027 the first weekday following the onset of your menses to schedule your HSG. The HSG will be performed between days 6-10 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, report to the Dallas IVF Ambulatory Surgery Center at least 15 minutes before your scheduled appointment time to allow for registration.
4. Please bring your insurance card to your appointment.

REFERRING PHYSICIAN, PLEASE FAX THIS COMPLETED FORM TO 214.297.0034
Thank You for referring your patient to Dallas IVF.