



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 \$300
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:

- 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.**
- 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.
- 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.
- 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.