

Date

Requesting Provider

NPI

Phone

FAX

Referring Physician Signature

Reason for Referral

### Clinical services (Consult for):

☐ Evaluation and treatment ☐ Fertility Preservation ☐ Donor Egg

### Fertility Diagnostic Assessment:

- ☐ Hysterosalpingogram (HSG) - *schedule between days 5 and 13 of menstrual cycle*
- ☐ Post Sterilization Hysterosalpingogram (HSG) - *schedule between days 5 and 13 of menstrual cycle*
- ☐ Previous Endometrial Ablation
- ☐ Sonohysterogram (SHG) - *schedule between days 5 and 13 of menstrual cycle*

### Andrology Services:

- ☐ Complete Semen Analysis (2-7 days of sexual abstinence required)
- ☐ Semen Analysis and Urine Evaluation for Sperm (Retrograde Ejaculation)
- ☐ Post Vasectomy Analysis - MUST BE SCHEDULED ONLINE @ [www.azfertility.com](http://www.azfertility.com)
- ☐ Semen Preservation for Cancer Patients - MUST CALL TO SCHEDULE FOR SAME-DAY CHEMO PATIENTS

☐ Other:

## Patient Information

Patient Name  DOB

Address  Phone

Insurance  Member ID/GRP#

## Spouse Information

Spouse Name  DOB

Phone (if known)

Insurance  Member ID/GRP#

**Please fax this provider referral form to 480-874-2231.**

To schedule an appointment call: (480) 874-2229.

Prior to your appointment, please obtain a pre authorization / referral if required.