CONCEPTIONS
REPRODUCTIVE ASSOCIATES OF COLORADO

REFERRAL / ORDER PAD

Mark R. Bush, MD, FACOG, FACS
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PATIENT INFORMATION

CLIA#061D0514184

Name:_____ DOB:_____

Spouse/Partner:_____ DOB:_____

Phone:_____ Diagnosis:_____

SERVICES

- ☐ Fertility Consultation ($200)
- ☐ Fertility Preservation
- ☐ Labs:_____
- ☐ Other:_____
- ☐ HSG-Hysterosalpingogram ($650) - LMP:_____

• Please provide a prescription for doxycycline (100mg po BID x 3 days) or its equivalent to your patient to be started 1 day prior to the procedure.

- ☐ Semen Analysis WITH results/recommendations to patient by CRA provider ($90)
- ☐ Semen Analysis - Results to MD only ($75)
- ☐ Retrograde Semen Analysis ($125)
- ☐ Post Vasectomy Sperm Count ($55)
- ☐ Sperm Wash
- ☐ Sperm Cryopreservation ☐ CANCER Sperm Cryopreservation

ORDERING PHYSICIAN INFORMATION

Referring Physician:_____ NPI #:_____

Office Phone:_____ Fax:_____

Results will be faxed to this number

Physician Signature:_____ Date:_____

LITTLETON ~OPEN WEEKENDS/HOLIDAYS
271 W. County Line Road • 80129
Main: (303) 794-0045
FAX: (303) 794-2054

LAFAYETTE
300 Exempla Cir. Suite 370 • 80026
Main: (303) 449-1084
FAX: (303) 449-1039

DENVER
4500 E. 9th Ave, Suite 630 • 80220
Main: (303) 720-7887
FAX: (720) 763-9140

LONE TREE
10107 RidgeGate Pkwy, Suite 300 • 80124
Main: (303) 586-6598
FAX: (720) 459-5112

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