



CONCEPTIONS

REPRODUCTIVE ASSOCIATES
OF COLORADO

Mark R. Bush, MD, FACOG, FACS
Jasmine Chiang, MD, FACOG
Robert Greene, MD, FACOG
Natalia Grob, MD, FACOG
Althea O'Shaughnessy, MD, FACOG

REFERRAL / ORDER PAD

PATIENT INFORMATION

CLIA#061D0514184

Name: _____ DOB: _____
Spouse/Partner: _____ DOB: _____
Phone: _____ Diagnosis: _____

SERVICES

- | | |
|---|--|
| <input type="checkbox"/> Fertility Consultation (\$175) | <input type="checkbox"/> Semen Analysis WITH results/recommendations to patient by CRA provider (\$90) |
| <input type="checkbox"/> Fertility Preservation | <input type="checkbox"/> Semen Analysis - Results to MD only (\$75) |
| <input type="checkbox"/> Labs: _____ | <input type="checkbox"/> Retrograde Semen Analysis (\$125) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Post Vasectomy Sperm Count (\$55) |
| <input type="checkbox"/> HSG-Hysterosalpingogram (\$500) - LMP: _____ | <input type="checkbox"/> Sperm Wash |
| | <input type="checkbox"/> Sperm Cryopreservation <input type="checkbox"/> CANCER Sperm Cryopreservation |

* 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.

ORDERING PHYSICIAN INFORMATION

Referring Physician: _____ NPI #: _____
Office Phone: _____ Fax: _____
Physician Signature: _____ Date: _____
Results will be faxed to this number

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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