

REFERRAL / ORDER PAD

PATIENT INFORMATION

CLIA#061D0514184

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

SERVICES

- | | |
|---|--|
| ☐ Fertility Consultation (\$200) | ☐ Semen Analysis WITH results/recommendations to patient by CRA provider (\$90) |
| ☐ Fertility Preservation | ☐ Semen Analysis - Results to MD only (\$75) |
| ☐ Labs: _____ | ☐ Retrograde Semen Analysis (\$125) |
| ☐ Other: _____ | ☐ Post Vasectomy Sperm Count (\$55) |
| ☐ HSG-Hysterosalpinogram(\$650) LMP: _____ | ☐ Sperm Wash |
| | ☐ 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