



115 E. 15TH STREET ▪ TULSA, OK 74119
918.584.2870 PHONE ▪ 918.587.3602 FAX

REFERRAL & ANDROLOGY LAB ORDER FORM

*** **PLEASE PRINT CLEARLY** ***

Patient Name: _____ (M / F) DOB: _____ Phone #: _____

Partner Name: _____ (M / F) DOB: _____ Phone #: _____

Appointment Request (Check one): ☐ Urgent ☐ 2-4 weeks ☐ 4-6 weeks

WE ARE ONLY INTERESTED IN THE FOLLOWING RESULTS. PLEASE FAX THE RESULTS, REFERRAL, PATIENT DEMOGRAPHICS AND A CLEAR COPY (FRONT & BACK) OF INSURANCE CARD TO 918.587.3602

For fertility referrals, please **LIMIT** the information to the following:

- PAP(s) performed within the last 3 years
- If over 40, Mammogram within last 3 years (if normal)
- Semen Analysis performed
- Blood work performed within the last year
- Transvaginal ultrasounds performed within the last 2 years
- Reproductive surgery OP notes and Pathology reports

☐ GYNECOLOGY

Reason:

- ☐ Endometriosis
- ☐ Fibroids
- ☐ Uterine Anomaly
- ☐ PCOS
- ☐ Other _____

Date: _____

Ordering Physician: _____

Physician Signature: _____

Address: _____

Phone #: _____ Fax #: _____

Special Instructions: _____

☐ FERTILITY

Reason:

- ☐ Endometriosis
- ☐ Fibroids
- ☐ Uterine Anomaly
- ☐ Tubal Factor
- ☐ Male Factor
- ☐ Other _____

☐ ANDROLOGY LAB ORDER

Order is valid for 6 months / 1 visit

- ☐ Semen Analysis
- ☐ Retrograde Semen Analysis
- ☐ Post Vasectomy Semen Analysis

Diagnosis/ICD10 Code: _____