

Patient Referral Form

Specialist Requested: Cheri Margolis, M.D. Leah Roberts, M.D. No Preference

Patient Information: _____
 Full Name _____ Phone _____ Date of Birth _____

Referring Physician: _____
 Full Name _____ Phone _____ Fax _____

Area of Specialty: OB/GYN URO PCP Other (please specify): _____

Reason for Referral: _____ *Diagnostic Codes* _____

- Fertility Consultation _____
- Hysterosalpingogram (HSG) _____
- Saline Infusion Sonogram (SIS) _____
- Complete Semen Analysis
Includes sperm count, differential motility, strict morphology and interpretation _____
- Sperm Viability Assay
Performed if percent motility is below 15% _____
- Urine Evaluation for Retrograde Ejaculation _____
- Semen Culture _____
- Post Vasectomy Semen Analysis _____
- Semen Freezing _____
Bloodwork must be completed prior to scheduling appointment (HIV 1 & 2, hepatitis panel, RPR)

If referring for HSG, please provide a prescription for an Antibiotic and an Anti-Inflammatory:

<input type="checkbox"/> Doxycycline 100mg Sig: One P.O. BID x 3 days Starting 1 day prior to procedure Disp: #6 (six)	<input type="checkbox"/> Anaprox DS Sig: 1 tab 1hr prior to procedure then Q 8 hours prn pain Disp: #4 (four)	<input type="checkbox"/> Ciprofloxacin 500mg Sig: 1 tab P.O. Bid Starting 1 day prior to procedure Disp: #6 (six)
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PLEASE SIGN & DATE

BEFORE SUBMITTING: _____ Signature _____ Date _____

Diagnostic Codes	<ul style="list-style-type: none"> Amenorrhea N91.2 Anovulation N97.0 Cyst, Ovarian N83.20 Diminished Ovarian Reserve E28.39 Dysmenorrhea N94.4 Endometriosis <ul style="list-style-type: none"> • Ovarian N80.1 • Uterine N80.0 • Unspecified N80.9 HSG <ul style="list-style-type: none"> • Encounter for other procreative investigation and testing Z31.49 • Filling Defect N85.8 • Hydrosalpinx N70.11 	<ul style="list-style-type: none"> Irregular Menses N92.6 Ovarian Dysfunction E28.9 PCOS / E28.2 Pelvic Pain R10.2 & N94.89 Polyp <ul style="list-style-type: none"> • Cervical N84.1 • Uterine N84.0 Preservation Counseling Z31.62 Procreative Counseling Mgmt. Z31.69 Recurrent Miscarriage N96 Subchorionic Bleed O20.8 	Uterus <ul style="list-style-type: none"> • Bicornuate Q51.3 • Septate Q51.2 Vaginal Septum Q52.9 Varicocele I86.1
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How to Schedule the HSG Test:

- The purpose of an HSG is to make sure that the uterine cavity is of normal shape, that there are no uterine fibroids or polyps, and that the fallopian tubes are open.
- The hysterosalpingogram (tubal X-rays or HSG) is done between day 5-9 of your menstrual cycle.
- *If you are an established Boca Fertility patient:* Please call our office at (561) 368-5500 to schedule the test when you start your menses. If your period begins on a weekend, please call our office on Monday to schedule for the test.
- *If you are referred by your gynecologist or another physician:* Call our office at (561) 368-5500 with your menses to schedule the test. If your period begins on a weekend, please call our office on Monday to schedule for the test. Before the test, you will need to complete our **New Patient Form** packet, as well as obtain any necessary referrals from your physician (prescription for HSG) and gynecologist (prescription for Doxycycline, Ciprofloxacin & Anaprox). Tell your doctor if you are or might be pregnant. Inform the doctor if you are allergic to iodine dye.

How to Schedule a Semen Analysis:

- Please call the office (561) 368-5500 at least one week in advance for scheduling and information.
- Semen analysis is routinely performed by appointment only between Monday and Friday between 11:00 AM and 3:00 PM in our laboratory located in our office.
- If you need a different day or time, please let us know and we will be happy to try to accommodate you.

Semen Collection Instructions:

- You should abstain from sexual intercourse and/or masturbation for a minimum of 2-3 days prior to collection, but **not longer than 5 days**.
- You may collect the semen sample in a room provided for this purpose in our office, or at home, as long as you deliver it to the office **within 1 hour of collection**.
- The specimen should be collected by masturbation into a sterile container supplied by the lab. **No artificial lubricant, other than lubricant provided by Boca Fertility, should be used.** When collection by masturbation is not possible, special condoms may be purchased in our office. Do not use an ordinary condom or interrupted sex as means of collection.
- It is important that the whole ejaculate is collected for accurate results. If part of the sample is lost during ejaculation, the sample should be labeled "incomplete." Make sure **no water, blood, urine, feces, or other contaminants** are introduced into the sample. If you notice **any contamination**, please **inform the laboratory staff immediately**.
- Tighten the lid securely before delivering the container to the lab. Label the specimen with your name, date and time of collection. Please keep the container upright during transport to avoid spillage. Avoid extreme variations of temperature (no less than 75 degrees F or greater than 98 degrees F).
- Bring the specimen together with the completed **Semen Analysis Requisition Form** when arriving for your appointment. If you are a new patient, you will also need to complete our **New Patient Form** packet.

