

## 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)** \_\_\_\_\_
- 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:**

- Doxycycline 100mg  
Sig: One P.O. BID x 3 days  
Starting 1 day prior to procedure  
Disp: #6 (six)
- Anaprox DS  
Sig: 1 tab 1hr prior to procedure  
then Q 8 hours prn pain  
Disp: #4 (four)
- Ciprofloxacin 500mg  
Sig: 1 tab P.O. Bid  
Starting 1 day prior to procedure  
Disp: #6 (six)

**PLEASE SIGN & DATE BEFORE SUBMITTING:**

\_\_\_\_\_  
 Signature Date

**Diagnostic Codes**

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



### 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 9:00 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."
- 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.

