



CENTER FOR
ASSISTED
REPRODUCTION™
EMBRYO.NET
 A Professional Association

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 Bedford, Texas Frisco, Texas Fort Worth, Texas
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Kathleen M. Doody, MD: Kevin J. Doody, MD:
 Anna C. Nackley, MD
 Board Certified Reproductive Endocrinologists
 Patricia A. McBride-Houtz, Ph.D.
 Licensed Psychologist

Hysterosalpingogram (HSG) Requisition
Please fax to 817-545-2164 Attn: Shelley Baker

Patient Name _____
 (please print)

Patient DOB _____

Patient Contact Number _____

Patient Secondary Contact Number _____

Please Check HSG Type:

_____ Infertility, Female (unspecified) **DX 628.9**

_____ Procreative Management Fertility Testing **V26.21**

_____ Aftercare following sterilization reversal **V26.22**

_____ Permanent Sterilization Confirmation Test **V67.09**

Date of Procedure _____

Type of Procedure: Adiana _____ Essure _____

Was depo shot administered at time of procedure?

_____ Menorrhagia (pre-ablation evaluation) **DX 626.2** _____ Yes _____ No

Choose location:

_____ Bedford

_____ Frisco

_____ Fort Worth

Referring Physician _____
 (please print)

Referring Physician Signature _____

Referring Physician Fax # _____

Additional Comments: _____

To expedite the scheduling process, please also fax a demographic sheet and insurance information for the patient.