



CENTER FOR
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REPRODUCTION
EMBRYO.NET

A Professional Association.

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Board Certified Reproductive Endocrinology/Infertility
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Board Eligible Reproductive Endocrinology/Infertility
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? _____ Yes _____ No **Start date of depo** _____

_____ Medicaid Permanent Sterilization Confirmation Test **V26.51 and V25.49**

Date of Procedure _____

Type of Procedure: Adiana _____ Essure _____

Was depo shot administered at time of procedure? _____ Yes _____ No **Start date of depo** _____

_____ Menorrhagia (pre-ablation evaluation) **DX 626.2**

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.

_____ I would like a CARE physician to call the patient to discuss results.

_____ I prefer to discuss the test results with the patient. Please do not call them.