

CENTER FOR  
ASSISTED  
REPRODUCTION  
EMBRYO.NET

A Professional Association.

1701 Park Place Ave. 4461 Coit Rd Ste 307  
Bedford, Texas Frisco, Texas  
Phone: (817) 540-1157 Phone: (972) 661-9544

Kathleen M. Doody, MD: Kevin J. Doody, MD:  
Anna C. Nackley, MD: Rinku Mehta, MD  
Board Certified Reproductive Endocrinologists  
Patricia A. McBride-Houtz, Ph.D.  
Licensed Psychologist

**Infertility Testing Requisition MaxTestFemale© Requisition**

Please fax to 817-545-2164 Attn: Shelley Baker or Michelle Giosio

We will make every effort to verify benefits of the patient for MaxTestFemale©. Because AMH testing is “cutting edge” although its value is well proven, it is not covered by insurance. If patient has coverage for testing, she will be responsible for her co-pay plus the cost of AMH. If patient does not have insurance coverage for the tests, she will be responsible for paying the discounted fees.

Patient Name \_\_\_\_\_  
(please print)

Patient DOB \_\_\_\_\_

Patient Contact Number \_\_\_\_\_

Patient Secondary Contact Number \_\_\_\_\_

(Please select individual test(s) or select all-inclusive **MaxTestOvary©**)

- \_\_\_\_\_ TSH - \$50
- \_\_\_\_\_ Prolactin - \$50
- \_\_\_\_\_ Testosterone \$50
- \_\_\_\_\_ AMH (\$115 not billable to insurance)
- \_\_\_\_\_ All-inclusive **MaxTestOvary©** - \$400
- \_\_\_\_\_ Day 2 or 3 FSH \$50
- \_\_\_\_\_ Day 2 or 3 LH \$50
- \_\_\_\_\_ Day 2 or 3 Estradiol \$100
- \_\_\_\_\_ Sonogram (ovarian volume /antral follicle count) - \$125

(Please select individual test(s) or select all-inclusive **MaxTestAnatomical©**)

- \_\_\_\_\_ Hysterosalpingogram - \$525
- \_\_\_\_\_ Comprehensive (2D/3D) Pelvic Ultrasound - \$200
- \_\_\_\_\_ All-inclusive **MaxTestAnatomical©** - \$800
- \_\_\_\_\_ Diagnostic Hysteroscopy - \$600

**Diagnosis** (Please select one):

- \_\_\_\_\_ Infertility
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Procreative Management

**Choose location:**

- \_\_\_\_\_ Bedford
- \_\_\_\_\_ Frisco

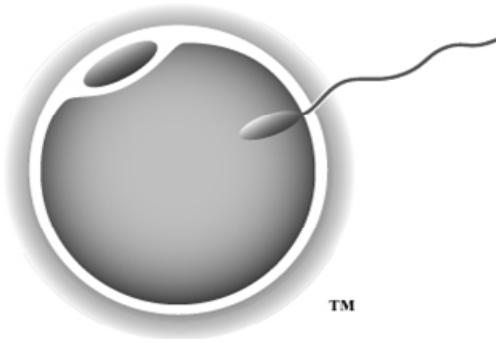
Referring Physician (Print) \_\_\_\_\_ Referring Physician Signature \_\_\_\_\_

Patient signature \_\_\_\_\_

If ordering all three **MaxTests©** [**MaxTestOvary©**, **MaxTestAnatomical©** (next page) and **MaxTestMale©**], a discount applies. The discounted fee will be **\$1,500 total** for patients without insurance. Prepayment is required.

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

\*All fees are subject to change at any time without notice.  
\*Borderline laboratory tests will be repeated at no charge.



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**MaxTestMale© Requisition**

Please fax to 817-545-2164 Attn: Shelley Baker or Michelle Giosio

MaxTest Male© will not be filed to insurance. Patients are responsible for the discounted payment prior to testing.

Patient Name \_\_\_\_\_  
(please print)

Patient DOB \_\_\_\_\_

Patient Contact Number \_\_\_\_\_

Patient Secondary Contact Number \_\_\_\_\_

(Please select individual test(s) or select all-inclusive **MaxTestMale©**)

- \_\_\_\_\_ Morphology (strict) with semen analysis - \$150
- \_\_\_\_\_ Comprehensive computer assisted semen analysis (CASA) - \$75
- \_\_\_\_\_ Endocrine Panel: Testosterone, TSH, Prolactin, LH and FSH - \$250
- \_\_\_\_\_ Direct sperm antibody test with semen analysis - \$150
- \_\_\_\_\_ DNA Fragmentation (Index) with semen analysis – \$200
- \_\_\_\_\_ All-inclusive **MaxTestMale©** - \$500

**Diagnosis** (Please select one):

- \_\_\_\_\_ Infertility
- \_\_\_\_\_ Procreative Management
- \_\_\_\_\_ Other \_\_\_\_\_

**Choose location:**

- \_\_\_\_\_ Bedford
- \_\_\_\_\_ Frisco

Referring Physician (Print) \_\_\_\_\_ Referring Physician Signature \_\_\_\_\_

Patient signature \_\_\_\_\_

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