

CENTER FOR ASSISTED REPRODUCTION EMBRYO.NET

1701 Park Place Ave. Bedford, Texas Phone: (817) 540-1157
4461 Coit Rd Ste 307 Frisco, Texas Phone: (972) 661-9544
1250 8th Ave Ste 365 Fort Worth, Texas Phone: (817)924-1572

Kathleen M. Doody, MD; Kevin J. Doody, MD; Anna C. Nackley, MD; Board Certified Reproductive Endocrinology/Infertility; Christine W. Mansfield, MD; Board Eligible Reproductive Endocrinology/Infertility; Patricia A. McBride-Houtz, Ph.D. Licensed Psychologist

A Professional Association.

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

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

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

Diagnosis (Please select one):

- Infertility, Procreative Management, Other

Choose location:

- Bedford, Frisco

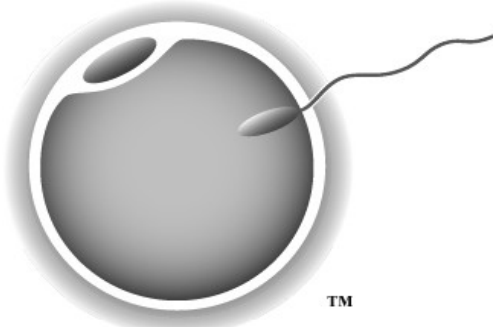
Referring Physician (Print) Referring Physician Signature

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.

- 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



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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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