

Patient Referral Form

Dallas

5477 Glen Lakes Drive
Suite 200
Dallas, Texas 75231
Phone: 214-363-5965
Fax: 214-363-0639



Southlake

910 East Southlake Blvd.
Suite 175
Southlake, Texas 76092
Phone: 817-442-5510
Fax: 817-442-8855

Medical City Office in Dallas

7777 Forest Lane, Bldg B, Suite 443, Dallas, TX 75230
Phone: 214-363-5965 Fax: 214-363-0639

Samuel Chantilis, MD Karen Lee, MD Mika Thomas, MD
Ravi Gada, MD Laura Lawrence, MD

Date: _____

Referring Physician: _____

Referring Physician Signature: _____

Physician Phone: _____ **Physician Fax:** _____

Patient Name: _____ **Patient Phone:** _____

Patient DOB: _____

_____ 1. **CONSULT** to Reproductive Endocrinology and Infertility

_____ 2. **SEMEN ANALYSIS** (Complete with Strict Morphology)

_____ 3. **HYSTEOSALPINGOGRAM** (Dallas Office Only)

Diagnosis:

- | | |
|--|--|
| <input type="checkbox"/> Infertility Evaluation (V26.29) | <input type="checkbox"/> Permanent Sterilization Test (V67.09) |
| <input type="checkbox"/> Male Infertility (606.9) | <input type="checkbox"/> Pelvic Pain (625.9) |
| <input type="checkbox"/> Recurrent Pregnancy Loss (629.81) | <input type="checkbox"/> Abnormal Uterine Bleeding (626.8) |
| <input type="checkbox"/> Endometriosis (617.9) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Uterine Fibroids (218.9) | |

Please fax to (214) 363-0639