



# Fertility Specialists of Texas – Referral Form

Phone: 214-618-2044 • Fax: 214-618-7838

Referrals may also be sent using our Online Referral form: [FertilityTexas.com](http://FertilityTexas.com)

REFERRING PROVIDER NAME: \_\_\_\_\_ Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### WHO ARE YOU REFERRING TO:

- Jerald Goldstein, MD     Daniel Skora, MD  
 Rebecca Chilvers, MD     Janelle Dorsett, MD  
 Satin Patel, MD     Ali Guerami, MD  
 FIRST AVAILABLE

### PATIENT'S PREFERRED LOCATION:

- Frisco     Southlake  
 Dallas     Fort Worth  
 Rockwall

### INSTRUCTIONS: If you are referring

- ❖ **Only a Female Patient** – Complete FEMALE REFERRAL section.
- ❖ **A Male Patient WITH an associated Female patient** – Complete both sections (MALE & FEMALE)
- ❖ **Only Male Patient WITHOUT an associated Female patient** – Complete MALE section only.

### The PRIMARY PATIENT being referred is:

FEMALE

MALE\*\*

### FEMALE patient being referred:

Female First Name	Female Last Name
Female DOB:	Female Phone:

### MALE patient being referred:

Male First Name	Male Last Name
Male DOB:	Male Phone:

### WHAT IS FEMALE BEING REFERRED FOR?

- Fertility Preservation     Egg Freezing  
 HSG (List allergens below)     PCOS  
 Infertility     Egg Donor  
 Permanent Sterilization Confirmation Test  
 Endometriosis  
 Recurrent Pregnancy Loss  
 Pre-Implantation Genetic Testing  
 Other \_\_\_\_\_  
 IUI Procedure\*     IUI Processing\*  
 Male Factor testing\*

\* If referring for Male Factor testing, IUI Procedure or IUI Processing – please complete the MALE section to right.

### MALE LAB TESTS REQUESTED

- Complete Semen Analysis  
 Sperm Cryopreservation  
 Semen Cultures  
 IUI Sperm Prep

### MALE DIAGNOSIS (ICD -10 Codes)

- Infertility Testing (Z31.41)     IUI (Z31.89)  
 Fertility Preservation (Z31.84)  
 Other \_\_\_\_\_

\*\* If appropriate - please complete the FEMALE section to left, so we can include Female's name on the report we send you. Required - Provider signature below.

### NOTES / ALLERGENS:

### NOTES:

Referring / Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_