



HSG ORDER FORM

Arizona Reproductive Medicine Specialists

A Family Building Families...

To schedule an appointment call: 602-343-ARMS (2767)

www.ArizonaFertility.com

FAX THIS FORM TO 602.343.2766

WE DO ALL THE REST

(Including Insurance Authorization)

(Please Print Clearly)

Date _____

Patient Name _____ DOB _____

Email _____ Cell Phone _____

Referring Physician's Name _____

Referring Physician's Phone Number _____ FAX _____

DX Code _____ Description _____

Please fax front and back of patient's insurance card and include demographic sheet.

Check applicable boxes below

- Perform HSG per ARMS protocol
- Prescribe antibiotic prophylaxis per ARMS protocol
- Patient is to call ARMS with medical complications from this procedure.
- Post Essure®
- Date of Last Menstrual Period _____ Anticipated date of next cycle day 1 _____

Important: You must call **ARMS** on **DAY 1** of your cycle to schedule an HSG.

The ARMS difference

- Procedure performed by experienced gynecologists
- Patients are pre-medicated to decrease pain
- Local anesthesia (paracervical block) is used to increase patient comfort
- Appropriate antibiotic prophylaxis is prescribed
- Physician will receive a written report and the HSG photos on paper and on disk



The Physicians and Staff of ARMS look forward to helping your patients achieve their dream of having a family.

The patient should bring this form with them to the appointment. See reverse side for instructions.



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