



Overlake Reproductive Health

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Phone: (425) 646-4700 Fax: (425) 646-1076



Setting the Standard

PATIENT REFERRAL FORM—CLINICAL SERVICES

Overlake Reproductive Health, Inc, PS

Please use this form to request an office consultation or laboratory services for your patients at Overlake Reproductive Health. To improve the service that we offer for your patients, please complete the following information before giving the form to the patient.

PLEASE INSTRUCT YOUR PATIENT TO BRING THIS FORM WITH THEM TO THEIR APPOINTMENT.

Fax to (425) 646-1076...We'll take care of the rest!

Patient Information

Name _____

Date of Birth _____

Contact Number _____

Today's Date _____

Practice Information

Referring Provider _____

Phone Number _____

Fax Number _____

Nurse/MA _____

HORMONE ASSAY

- Estradiol
- Beta HCG
- Progesterone
- LH
- FSH
- AMH (Anti-Müllerian Hormone)
- Testosterone
- Prolactin
- Other
- STAT Results (no additional fee)
- Other Service Clinical

Request: _____

CLINICAL SERVICES

- Infertility / Recurrent Pregnancy Loss Consultation
- Gynecology Consultation (Including PCOS / not trying to conceive)
- Surgical Consultation
- Intrauterine Insemination (IUI)
- Post Essure / Adiana / Low Pressure HSG
- Family Balancing (PGD)
- Snapshot Ovarian Reserve Assessment
- Hysterosalpingogram (HSG)
- Saline Infusion Sonogram (SHG)