



ORM FERTILITY

Outside Monitoring Order

Patient Name:	Patient Date of Birth:
Ordering Clinic / Physician:	Contact Name:
Order Date:	Telephone:

Clinic Email:

If email is listed, images and exam notes will come through via email only

Monitor Type: IVF Egg Recipient Egg Donor Gestational Carrier Pregnancy (blood only)

Date(s) of Service: _____

Diagnosis Code(s): _____

Labs

- Estradiol
- Progesterone
- LH
- FSH
- Quant bHCG

Ultrasounds

****Please note we do not perform OB scans****

- Ovaries: Number and sizes of follicles and cysts
- Endometrial Lining Check

Date of Embryo Transfer (if applicable): _____

Date of LMP: _____

NOTE: Patients will have same day access to their results via the ORM patient portal. By submitting this signed order, you acknowledge this and that ORM assumes no responsibility of providing the patient with result interpretation.

Billing Information:

- Patient is responsible payer
- Please bill ordering clinic/agency - Name: _____
Address: _____ Phone: _____
- Please bill intended parent(s) - Name: _____
Address: _____ Phone: _____

Physician Signature: _____

Fax Results to: _____

Email images & exam notes to: _____

****Outside Monitoring patients will need to contact ORM at 503.274.4994 (Option 1, then Option 1) for scheduling. Appointments cannot be scheduled until the completed order has been received****
--INCOMPLETE ORDERS WILL DELAY SCHEDULING. PLEASE COMPLETE ALL FIELDS--