



# ORM FERTILITY

## Physician Andrology Order

Patient Name(Female): \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse/Partner Name(Male): \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Telephone Number: \_\_\_\_\_ Spouse/Partner Telephone Number: \_\_\_\_\_

**NOTE: Prior Authorization may be required for these services. Please contact the patient's insurance company to initiate & follow up with your patient, if necessary.**

### Sperm Testing

Semen Analysis

Sperm Function Panel

- Semen Analysis
- Anti-spermAntibodies
- Sperm Survival

### Insemination

Intrauterine Insemination(s)

- Please planned number of inseminations: \_\_\_\_\_
- PRN up to (date) \_\_\_\_\_

### Pre-Chemotherapy Patients ONLY

- Sperm Freeze
- Communicable Disease Panel (required for storage of sperm)

**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.**

### Referring Physician Information:

Physician or Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician NPI Number: \_\_\_\_\_ (needed for Sperm Freeze & Communicable Disease Panel)

**\*\*PATIENTS MUST CONTACT ORM TO SCHEDULE SEMEN COLLECTION/DROP-OFF\*\*  
TO SCHEDULE, PLEASE CALL 503.274.4994 (Option 1, then Option 1)**

**\*\*ORDERS EXPIRE IN 6 MONTHS\*\***

**Please fax order & patient demographics to (503) 274-4946**