



ORM FERTILITY

Psychology Outside Monitoring Order (Non-ORM Patients)

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

Monitor Type (Non- ORM Patients):

Diagnosis Code(s): _____

- New Egg Donor Candidate Evaluation (\$525) *IN-PERSON ONLY*
- Updated Egg Donor Candidate Evaluation [< 5 years] (\$350) [proof of previous evaluation & testing required]
- Updated Egg Donor Candidate Evaluation [> 5 years] (\$525)
- New Gestational Carrier Candidate Evaluation (\$695) *IN-PERSON ONLY - PARTNERS MUST ATTEND*
- Updated Gestational Carrier Candidate Evaluation [< 5 years] (\$520) [proof of previous evaluation & testing required]
- Updated Gestational Carrier Candidate Evaluation [> 5 years] (\$695)
- Known Egg/Sperm Donor Candidate Evaluation (\$525) *IN-PERSON ONLY - PARTNERS MUST ATTEND*
- Recipient/Intended Parent(s) Consultation (\$320)
- Embryo Donor Consultation (\$300)

Billing Information:

- Patient is responsible payer (payment due at time of service)
- Please bill ordering clinic/agency - Name: _____
Address: _____ Phone: _____
- Please bill intended parent(s) or financially responsible individual - Name: _____
Address: _____ Phone: _____

Physician/Agency Coordinator Signature: _____

Fax / Email Consult Notes to: _____

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