



ORM FERTILITY

Psychology Outside Monitoring Order (Non-ORM Patients)

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

Appointment Location: **Portland (808 SW 15th Ave)** **Bellevue (1370 116th Ave. NE, Suite 100)**

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)
- 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)
- 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 (\$300)
- 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, 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--