

General Fertility & Andrology Referral

Patient Information

Patient Name _____ DOB ____ / ____ / ____

Preferred Pronouns She/Her/Hers He/Him/His They/Them/Theirs Unknown

Sex Assigned at Birth Male Female Intersex N/A

Partner Name _____ DOB ____ / ____ / ____

Preferred Pronouns She/Her/Hers He/Him/His They/Them/Theirs Unknown

Sex Assigned at Birth Male Female Intersex N/A

Preferred Provider

- Dr. Jamie Massie (Bellevue, WA) Dr. Brandon Bankowski (Portland, OR) Dr. Elizabeth Barbieri (Portland, OR)
 Dr. John Helsa (Portland, OR) Dr. Amanda Hurliman (Portland, OR) First Available

Fertility Services (Under care of ORM provider | New patient consultation required)

- Infertility Fertility Preservation (Egg Freezing) Donor Egg/Surrogacy
 Recurrent Pregnancy Loss Comprehensive Fertility Evaluation (Sperm/Egg) Other _____

Counseling Services

To refer a patient for psychology or genetic counseling, please visit ormfertility.com/forms

Andrology Services (Under care of referring provider | No ORM consultation required)

- Semen Analysis IUI (Intrauterine Insemination) (Procedure Only) Fertility Preservation (Sperm Freezing) (with communicable disease testing)
*Order is good for 6 months from original order date. Ordering Provider NPI _____
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ORM Fertility is not responsible for interpretation of andrology results.

Patients must contact ORM Fertility at 503.274.4994 (Option 1) to schedule an appointment

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Referring Provider

Provider Name _____ Phone _____

Clinic Name _____ Fax _____

Please email this form to providerreferrals@ormfertility.com or fax to 971-865-2103

For information on our referral program, incentives and provider resources visit ormfertility.com/forproviders

Download the digital form at ormfertility.com/forms