## General Fertility & Andrology Form

Patient Information			
Patient Name			DOB//
Phone	Ema	ail	
Preferred Prounou	ns She/Her/Hers	☐ He/Him/His	☐ They/Them/Theirs
Sex Assigned at Bir			☐ Intersex ☐ N/A
			DOB/
Preferred Prounou	, , , ,		☐ They/Them/Theirs
Sex Assigned at Bir	th Female	☐ Male	☐ Intersex ☐ N/A
Patient must contac		Opt. 1 + Opt. 1 [Portla w patient consultati	nd] or Opt.1 + Opt. 2 [Bellevue] on
Preferred Provider			
☐ Dr. Amanda Hurlim	ian (Bellevue, WA) 🗌 Dr. Brandon	Bankowski (Portland, OR)	Dr. Elizabeth Barbieri (Portland
Dr. John Hesla (Port	and, OR) Dr. Jullian K	urtz.	☐ First Available
Counseling Service		·	Other
•			
	<b>S</b> (Under care of referring provider   No sible for interpretation of andrology resu		
☐ Semen Analysis	$\square$ IUI (Intrauterine Insemination) $\square$ Fertility		y Preservation (Sperm Freezing)
	(Procedure Only)	·	ommunicable disease testing)
	*Order is good for 6 months from origi	Orderi	ng Provider NPI good for 6 months from original order date
Patient must o	ontact ORM at 503.274.499	4 (Opt. 1 + Opt. 3) to se	chedule Andrology Services
Referring Provider			
Provider Name			Phone
linic Name			Fax

Please email this form to providerreferrals@ormfertility.com or fax to 503.274.4946

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

Download the digital form at ormfertility.com/forms



or Patients

We look forward to connecting with you!

You've been referred to ORM Fertility by your provider.

Please call 503.274.4994 (Option 1) to schedule your appointment.



Learn more about infertility & care at ORM
Join us for one of our FREE monthly webinars!
ormfertility.com/seminar