



980 RAINTREE CIRCLE, ALLEN, TX 75013

PHONE (214) 383-2600 FAX (214) 383-2601

HYSTEOSALPINGOGRAM (HSG) REQUEST FORM

PATIENT NAME: _____

PATIENT DOB: _____

PATIENT PHONE NUMBER: (____) _____

REFERRING PHYSICIAN: _____

REFERRING PHYSICIAN SIGNATURE: _____

DATE: _____ PHONE NUMBER: (____) _____

REASON FOR HSG

- EVALUATION FOR INFERTILITY
- CONFIRMATION OF TUBAL STERILIZATION
- ABNORMAL UTERINE BLEEDING
- CONFIRMATION OF TUBAL PATENCY AFTER TUBAL REVERSAL
- OTHER _____

- HSG IS PERFORMED BETWEEN CYCLE DAY 5-10
- PLEASE INSTRUCT YOUR PATIENT TO CALL US AT (214) 383-2600 ON CYCLE DAY 1 TO SCHEDULE (NO NEED TO CALL ON WEEKEND, MAY CALL ON CLOSEST BUSINESS DAY)
- PLEASE FAX THIS FORM TO (214) 382-2601
- PLEASE GIVE YOUR PATIENT A PRESCRIPTION OF DOXYCYCLINE 100 MG TWICE DAILY FOR 5 DAYS TO START TAKING ON DAY OF SCHEDULED HSG