



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) 383-2601
- PLEASE GIVE YOUR PATIENT A PRESCRIPTION OF DOXYCYCLINE 100 MG TWICE DAILY FOR 5 DAYS TO START TAKING ON DAY OF SCHEDULED HSG