



115 E. 15TH STREET ▪ TULSA, OK 74119
918.584.2870 PHONE ▪ 918.587.3602 FAX

REFERRAL & ANDROLOGY LAB ORDER FORM

*** **PLEASE PRINT CLEARLY** ***

Patient Name: _____ (M / F) DOB: _____ Phone #: _____

Partner Name: _____ (M / F) DOB: _____ Phone #: _____

Refer to: Dr. Shauna McKinney Alexandra Morton, MSN, APRN, WHNP-BC No Preference

Appointment Request (Check one): Urgent 2-4 weeks 4-6 weeks

WE ARE ONLY INTERESTED IN THE FOLLOWING RESULTS. PLEASE FAX THE RESULTS, REFERRAL, PATIENT DEMOGRAPHICS AND A CLEAR COPY (FRONT & BACK) OF INSURANCE CARD TO 918.587.3602

For fertility referrals, please **LIMIT** the information to the following:

- PAP(s) performed within the last 3 years
- If over 40, Mammogram within last 3 years (if normal)
- Semen Analysis performed
- Blood work performed within the last year
- Transvaginal ultrasounds performed within the last 2 years
- Reproductive surgery OP notes and Pathology reports

GYNECOLOGY

Reason:

- Endometriosis
- Fibroids
- Uterine Anomaly
- PCOS Program
- Other _____

Date: _____

FERTILITY

Reason:

- Endometriosis
- Fibroids
- Uterine Anomaly
- Tubal Factor
- Male Factor
- Other _____

ANDROLOGY LAB ORDER

Order is valid for 6 months / 1 visit

- Semen Analysis
- Retrograde Semen Analysis
- Post Vasectomy Semen Analysis

Diagnosis/ICD10 Code: _____

Ordering Physician: _____

Physician Signature: _____

Address: _____

Phone #: _____ Fax #: _____

Special Instructions: _____