



REPROMED FERTILITY CENTER

ANIL PINTO, M.D., F.A.C.O.G

www.drpinto.com

823 Ira E. Woods Avenue,
Grapevine, TX 76051
214-827-8777
214-827-8622 (fax)

6850 TPC Drive
Suite 105, Unit B
McKinney, TX 75070
214-827-8777
214-827-8622 (fax)

3800 San Jacinto,
Dallas, TX 75204
214-827-8777
214-827-8622 (fax)

DATE: _____

DONOR MONITORING ORDERS FROM THE OFFICE OF:

PRACTICE / PHYSICIAN NAME: _____

ADDRESS: _____

FAX: _____ PHONE: _____

PATIENT NAME: _____ DOB: _____

PATIENT CELL PHONE: _____

BILLING INFORMATION: _____

LABS/TESTING REQUESTED:

	TEST		TEST
	STAT ESTRADIOL (E2)		STAT BETA HCG Quantitative
	STAT PROGESTERONE		BASELINE VAGINAL ULTRASOUND
	OTHER (Specify)		

FAX RESULTS ATTENTION TO: _____

COMMENTS: _____

PROVIDER SIGNATURE: _____

PATIENT IS RESPONSIBLE FOR CHARGES/ PROVIDE BILLING INFORMATION

Confidentiality Notice

The document accompanying this facsimile transmission contains confidential information belonging to the sender that is legally privileged and is intended only for the recipient named above. Any disclosure, dissemination, distribution or copying of the contents of this telecopied information, other than as intended is strictly prohibited. If you have received this material in error, please notify us immediately by telephone and destroy the accompanying material. Your cooperation is greatly appreciated.