

John L. Couvaras, MD FACOG Board Certified in Infertility & Reproductive Endocrinology



IVF PHOENIX®
Advanced Fertility Diagnosis & Treatment

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PROVIDER REFERRAL

Patient Information:

Patient Name: _____ DOB: _____

Phone: _____ Diagnosis Code: _____ Insurance: _____

Female testing

CONSULTATION:

Infertility:

- Adverse pregnancy outcomes
- Decreased Ovarian Reserve
- PCOS
- Recurrent Miscarriage/
Pregnancy Loss
- Uterian Anomaly

Infertility related to:

- Chronic Migraine
- Grave's Disease
- Hashimoto's Thyroiditis
- Hypertension
- Vascular Inflammation
- Inflammatory Bowel Disease
- Interstitial Cystitis

- Lyme's Disease
- Poor Sleep Architecture
- Primary Billiary Cirrhosis
- Renaud's Disease
- Sjogren's
- Urticaria
- Viral Syndrome
- Vertigo

Fertility Preservation/Egg Freezing

- Donor Egg Donor Sperm Surrogacy

Pre-Implantation Genetics Diagnosis/Screening

- Saline Infusion Sonogram (SIS)** **Diagnostic Hysterosalpingogram (HSG)**

Have the patient call us on the first day of her period

- Pelvic Ultrasound/Follicle Count** **Outside Monitoring**

Male testing

- Complete Semen Analysis** **Sperm Freezing** **Sperm Count & Motility**

Ordering Provider Information:

Provider Name: _____ Date: _____

Practice/Office: _____ Phone: _____

Provider/Signature: _____ Fax: _____

Your patient's success is our sole focus®