

Fax this form to: 602.493.6641

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



9817 N 95th Street, #107 • **Scottsdale**, AZ 85258  
6859 E Rembrandt Avenue, Bldg 1 • **Mesa**, AZ 85212  
**To Schedule: 602.765.2229** • Fax: 602-493.6641  
email: [scheduling@ivfphoenix.com](mailto:scheduling@ivfphoenix.com) • [www.ivfphoenix.com](http://www.ivfphoenix.com)

**PROVIDER REFERRAL**

**Patient Information:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_ Insurance: \_\_\_\_\_

**Female Testing**

**○ CONSULTATION:**

- Consult, treat and refer back when pregnant
- Consult and refer back with recommendations

*In-Vitro Fertilization (IVF):*  Intracytoplasmic Sperm Injection (ICSI)  Donor Egg  Donor Sperm

*Egg Freezing:*  Fertility Preservation  Gender Reassignment  Urgent for Oncofertility

- Intrauterine Insemination (IUI)  IUI with Donor Sperm
- Surgery for Mullerian Anomalies (vaginal/uterine septum)

**○ Pre-Implantation Genetics Diagnosis/Screening (PGT-A)**

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

Please call us on cycle day 1 of your period to get scheduled, during days 6-10 of your cycle.

- Prior Failed IVF Cycle
- Recurrent Miscarriage
- Diminished Ovarian Reserve

**Male Testing: Andrology**

- Complete Semen Analysis
- Sperm Urinary Recovery for Retrograde Ejaculation
- Sperm Cryopreservation, Reason: \_\_\_\_\_

**Ordering Provider Information:**

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Practice/Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider/Signature: \_\_\_\_\_ Fax: \_\_\_\_\_

***Your patient's success is our sole focus®***