

Millie Behera, M.D. FACOG, FRCSC Board Certified in Infertility and Reproductive Endocrinology

Scottsdale Office

8415 N. Pima Rd. Suite 290 Scottsdale, AZ 85258 Phone: (480) 434-6565 Fax: (480) 434-6572 **Chandler/Gilbert Office**

2680 S. Val Vista Dr. Bldg. 8, Suite 140 Gilbert, AZ 85295 Phone: (480) 434-6565 Fax: (480) 434-6572

PROVIDER REFERRAL

Patient Information:			
Patient Name:_		DOB:	
Phone:	Diagnosis Code:	Insu	rance:
Female testin	g		
\square Consultation:	☐ Infertility ☐ Egg freezing ☐ Pre-Implantation Genetics Diagnosis,		
□ Diagnostic Hysterosalpingogram (HSG) □ Essure Hysterosalpingogram □ Date of Essure:			
□ Saline Infusion Sonogram (SIS) For HSG or SIS, have the patient call us on the first day of her period (For essure, please call with the first day of a period; 90 days after placement).			
☐ Pelvic Ultrasound/Follicle Count			
Male testing			
□ Complete Semen Analysis □ Sperm Freezing □ Sperm Count & Motility			
Ordering Provider Information:			
Provider Name	:	Date:	
Practice/Office	:	Phone:	
Provider Signat	turo	Fav	