San Antonio IVF

18707 Hardy Oak Blvd, Suite 511
San Antonio, Texas 78258
(210) 858-3360 • (210) 858-3336 (Fax)

ANDROLOGY ORDER FORM

TESTS PERFORMED BY APPOINTMENT ONLY

Ordering Physician's Name _____ Practice Name _____

Physician Signature _____ Address _____

Phone # _____ Fax # _____ City/State/Zip _____

Results to be: ○FAXED ○MAILED ○EMAILED _____

Patient Name: _____ DOB: ____/____/____ Diagnosis Code(s) _____

Test(s) Ordered:

89320 ❒Semen Analysis Basic (SA) *$ 75.00*

89325 ❒Direct Antisperm Antibody (ASAB) *$110.00*

89260 ❒Sperm Wash *$195.00 (Infectious Disease Screening (IDS) results on both patient and partner are required prior to performing this test.)*

89259 ❒Sperm Cryopreservation-*does not include storage $135.00*
❒IVF Back-up ❒IUI Back up ❒Medical Condition (Specify in comments)

89331 ❒Retrograde Ejaculation Sperm Evaluation *$205.00*

Comments: _____

**SAN ANTONIO IVF IS NOT CONTRACTED WITH ANY INSURANCE COMPANIES;
THEREFORE, PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE.**

Instructions:

- Please call the laboratory at (210)858-3360 to schedule your appointment. Without an appointment, specimens will not be tested.
- Specimens maybe collected at home or at San Antonio IVF (SAIVF). For home collection, specimens must be collected in a sterile container, which can be provided by SAIVF.
- It is recommended that you have an ejaculation 2-5 days prior to your visit.
- The specimen must be provided by masturbation only.
- Use only lubricant provided by SAIVF or your physician (no saliva or other lubricant).
- The specimen container must be appropriately labeled using the label provided by SAIVF.
- If you are not collecting at SAIVF, please make sure to keep the specimen container at room temperature for transportation to SAIVF.
- The specimen must be delivered to SAIVF within one hour after collection.
- A valid photo ID is required. Specimen accepted only from patient or partner.

PLEASE COMPLETE THE INFORMATION ON THE REVERSE SIDE OF THIS ORDER

San Antonio IVF
Patient Information

Last Name	First Name	MI

Address	City	State	Zip

Date of Birth	Social Security No.	Driver's License No.	Marital Status ☐Single ☐Married ☐Other

Home Phone ( )	Work Phone ( )	Cell Phone ( )	E-Mail

Occupation	Employer Name

Employer Address	City	State	Zip

Name of Partner	Date of Birth	Social Security No.

Occupation	Employer Name	Work Phone ( )	Cell Phone ( )

I understand that San Antonio IVF is not contracted with any insurance companies including government sponsored health plans, such as Medicare, Medicaid or Tricare and that payment in full is due at the time of service. I understand that upon request, San Antonio IVF will submit a claim to my insurance company (excluding any government sponsored health plans) as a courtesy, and I acknowledge that it is my responsibility to contact them regarding the status of any claims submitted on my behalf. I authorize the release of any medical records or other information necessary to process my claim. By providing the above information, I have consented to be contacted by San Antonio IVF, LP at any of the above addresses or telephone numbers. I further agree that a photocopy of this agreement is as valid as the original.

Patient Signature_____**Date:**_____

AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I authorize San Antonio IVF, LP to release the following information to my partner: _____

Check all that may be released:

❑ Lab Results ❑ Semen Analysis ❑ Financial Issues ❑ Other

I understand that this authorization is valid for twelve (12) months from the date of signature unless otherwise revoked in writing to the address listed above.

Patient Signature_____**Date:**_____

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have been given the opportunity to review the Notice of Privacy Practices of San Antonio IVF, LP that explains how my medical information may be used and disclosed. I understand that I am entitled to receive a copy of the Notice of Privacy Practices.

Patient Signature_____**Date:**_____

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Follow signs for Texas 1604 Loop W and merge onto TX-1604 Loop W. Take the exit toward Stone Oak Pkwy/Voigt Drive. Merge onto N Loop 1604 E/North Loop 1604W. Turn right on to Hardy Oak Blvd. Our building is on the corner of Sonterra and Hardy Blvd.