

## ANDROLOGY DOCTORS ORDER FORM

Brigham and Women's Hospital  
**Reproductive Endocrinology Laboratory**  
75 Francis Street, Amory Building, 3<sup>rd</sup> Floor  
Boston, Massachusetts 02115  
Telephone #: (617) 732-7505  
Fax #: (617) 730-2880

BWH #:

Name:

DOB:

Patient Identification

### PATIENT AND PHYSICIAN INFORMATION

Patient's Name: \_\_\_\_\_ BWH #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Partner's Name: \_\_\_\_\_ BWH #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ I.D.# \_\_\_\_\_

*MD's Signature (Required)*

*Print MD's Name*

### Physician Location:

☐ BWH CIRS

☐ BWH SSH

☐ BWH Foxboro

☐ BWH NWH

☐ BWH Exeter

☐ BWH Urology

☐ Private

☐ Other

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**SERVICES REQUESTED (check as appropriate) ICD10 Code is REQUIRED: (7:15am to 10:30am, Monday – Friday, excluding holidays, By Appointment Only). Call 617-732-7505. Appointments Are REQUIRED!**

\_\_\_\_\_ Semen Analysis, ICD10 Code: \_\_\_\_\_

\_\_\_\_\_ Post Vasectomy Semen Analysis, ICD10 Code: \_\_\_\_\_

\_\_\_\_\_ Retrograde Ejaculation Analysis, ICD10 Code: \_\_\_\_\_

\_\_\_\_\_ Sperm Banking, ICD10 Code: \_\_\_\_\_

\_\_\_\_\_ Sperm Banking with Semen Analysis, ICD10 Code: \_\_\_\_\_

\_\_\_\_\_ Sperm Banking Prep for IUI/Semen Wash Freeze, ICD10 Code: \_\_\_\_\_

\_\_\_\_\_ PRE-ICSI Sperm Banking, ICD10 Code: \_\_\_\_\_

\_\_\_\_\_ Retrograde Ejaculation Sperm Banking, ICD10 Code: \_\_\_\_\_