



## FERTILITY CLINIC

### APPOINTMENT INFORMATION

**Guidelines:**

1. Patient will be assigned an appointment time in **chronological order (from the earliest to the latest)** by the Fertility Clinic Nurses.
2. The Appointment Form and the Patient Information Form will be sent to Clinical Laboratory one week prior to the appointment.
3. Fax **completed form to: LAB: 807-684-5878 and ULTRASOUND: 807-684-5854**
4. The patient will be pre-registered by the Clinical Laboratory Receptionist.
5. Laboratory tests and Ultrasound will be ordered by the Clinical Laboratory Receptionists.
6. The patient will report to the Diagnostic Imaging - Ultrasound Department **promptly** for the tests.
7. The Ultrasound Technologist will direct the patient to the Out-patient Clinical Laboratory Mon-Fri.  
**On the weekends/holidays call pager # 626-8647 and insert code 77.**
8. Revised appointments will be faxed back with the revised date & time written on this requisition
9. Lab office staff to check fax machine at 0730 hours and 1500 hrs for any revised appointments.
10. Ultrasound staff to check fax received daily by 16:30 and contact Lab if not received. If Lab has not received daily fax by 16:30, contact Fertility Clinic Nurse by cell phone to advise.
11. **Fertility Clinic Nurses → Cell Number 620-3961**

**Date of Appointment** \_\_\_\_\_

Appointment time	Patient Name ✓Test Ordered
7:00 am	Patient Name: _____  <b>Ultrasound</b> <input type="checkbox"/> Complete Pelvis J462 <input type="checkbox"/> Transvaginal J438 <input type="checkbox"/> Follicle Monitoring Studies J464 <b>Laboratory</b> <input type="checkbox"/> Quant BHCG <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Estradiol <input type="checkbox"/> Progesterone
7:30 am	Patient Name: _____  <b>Ultrasound</b> <input type="checkbox"/> Complete Pelvis J462 <input type="checkbox"/> Transvaginal J438 <input type="checkbox"/> Follicle Monitoring Studies J464 <b>Laboratory</b> <input type="checkbox"/> Quant BHCG <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Estradiol <input type="checkbox"/> Progesterone
8:00 am	Patient Name: _____  <b>Ultrasound</b> <input type="checkbox"/> Complete Pelvis J462 <input type="checkbox"/> Transvaginal J438 <input type="checkbox"/> Follicle Monitoring Studies J464 <b>Laboratory</b> <input type="checkbox"/> Quant BHCG <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Estradiol <input type="checkbox"/> Progesterone
8:30 am	Patient Name: _____  <b>Ultrasound</b> <input type="checkbox"/> Complete Pelvis J462 <input type="checkbox"/> Transvaginal J438 <input type="checkbox"/> Follicle Monitoring Studies J464 <b>Laboratory</b> <input type="checkbox"/> Quant BHCG <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Estradiol <input type="checkbox"/> Progesterone
9:00 am	Patient Name: _____  <b>Ultrasound</b> <input type="checkbox"/> Complete Pelvis J462 <input type="checkbox"/> Transvaginal J438 <input type="checkbox"/> Follicle Monitoring Studies J464 <b>Laboratory</b> <input type="checkbox"/> Quant BHCG <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Estradiol <input type="checkbox"/> Progesterone
9:30 am	Patient Name: _____  <b>Ultrasound</b> <input type="checkbox"/> Complete Pelvis J462 <input type="checkbox"/> Transvaginal J438 <input type="checkbox"/> Follicle Monitoring Studies J464 <b>Laboratory</b> <input type="checkbox"/> Quant BHCG <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> Estradiol <input type="checkbox"/> Progesterone

Physician signature: \_\_\_\_\_

LH - Luteinizing Hormone    FSH - Follicle Stimulating Hormone    Quant BHCG - Quantitative Human Chorionic Gonadotrophins