



Satellite Monitoring Request, EDI

We appreciate your assistance in performing ultrasound scans and stat hormonal blood levels for our mutual patients. The ultrasounds are requested in the morning hours with hormonal blood levels drawn at approximately the same time.

Patient Name: _____ **DOB:** _____

Please evaluate on the following date (or dates): _____

Tests Needed:

ρ **Transvaginal Ultrasound (include report with fax):**

Endometrium: (thickness & notation of any abnormalities)

Ovaries: (# or follicles, cysts and average size in mm in at least 2 dimensions)

STAT Serum:

ρ Estradiol

ρ Progesterone

ρ HCG

ρ LH

ρ FSH

ρ Other: _____

Other:

Contact Instructions:

- Please FAX these results to Fort Myers at **1-239-275-5914 during weekdays** and **1-239-689-1365 during the weekends unless otherwise specified:** _____.

The patient will be contacted later in the day and provided further instructions. She may need to schedule for a repeat US and/or hormonal blood levels within the following 24-48 hours.

As best as you are able, we ask you to honor these last minute scheduling requests.

Thanks!

Practitioner Signature

Printed Name

Date

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Initials:

Date: