

HSG ORDER FORM
Arizona Reproductive Medicine Specialists
Make it simple. Make it comfortable. Make it ARMS.

Name _____ Date of birth _____ Phone number _____

FAX THIS FORM TO (602) 343-2766
~We do all the rest—including insurance authorization~

Check applicable boxes below:

- Perform HSG per ARMS protocol
- Prescribe antibiotic prophylaxis per ARMS protocol
- Patient is to call ARMS with medical complications from this procedure.

Date of last menstrual period _____ Anticipated date of next cycle day 1 _____

Physician name (please print) _____

Physician signature _____

Phone _____ Fax _____

IMPORTANT: You must call ARMS on Day 1 of your cycle to schedule an HSG

The ARMS difference

- Procedure performed by experienced gynecologists
- Patients are pre-medicated to decrease pain
- Local anesthesia (paracervical block) is used to increase patient comfort
- Appropriate antibiotic prophylaxis is prescribed
- Ethiodol injection is available, if tubes are open, to increase pregnancy rates
- Physician will receive a written report and the HSG photos on paper and on disk

Because an HSG shouldn't be a pain

The patient should bring this form with them to the appointment

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