

# **Referral Form**

Male Patient Name:					DOB		
Patient Email:				Patient Phone Number:			
Street:				City:		Zip:	
Female Patient Name:				DOB			
Referring Physicia	n:						
Fertility Benefit:	Progyny	Maven	Carrot	Other			



## **Baseline Male Fertility Assessment**

Includes an at-home semen analysis kit, a result review telehealth appointment with a male fertility specialist, fertility 101 education, and lifestyle and behavior recommendations to improve the chance of conception.



### Male Fertility Workup

For males who've already had an abnormal semen analysis. The workup includes a 45-minute telehealth consult with male fertility expert, a physical exam, additional diagnostics (if needed), and a treatment plan.

**Procedures:** Percutaneous surgical sperm retrieval for IVF (PESA or TESE), Testicular Microdissection, Vasectomy Reversal, Varicocele and Bilateral Varicocele repairs.

## **Specialty Consults**



## Recurrent Pregnancy Loss (RPL) Consult

For couples who have suffered at least two miscarriages or had one failed IVF cycle. This consult determines if there is a male factor contributing to RPL.



#### **Gender Affirmation Consult**

For people starting or considering gender affirmation care who want to preserve their fertility for the future.



#### **Second Opinion**

For males with fertility issues who've been diagnosed or treated and want a second option to ensure they're on the right path.



#### **Sperm Cryopreservation Consult**

For people who want to determine if they should freeze sperm prior to cancer treatment, vasectomy, gender affirmation or simply want to get ahead of sperm deterioration.

