

# Reproductive Care Associates

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## Request For Follicular Monitoring Services

Patient Name:	Date:
Spouse's Name:	Physician/Practice:
Patient's Home Telephone:	Patient's Cell Phone:

### **Follicular Monitoring related services**

Follicular Monitoring (usually performed between 8 and 10 am 7 days per week)

- Comprehensive transvaginal ultrasound for evaluation of uterus, ovaries and adnexa ..... \$283
- Transvaginal ultrasound for evaluation of uterine lining thickness and follicle size..... \$183
- Venipuncture and handling..... \$21
- Serum estradiol ..... \$68
- Serum LH ..... \$42
- Serum Progesterone..... \$38
- Interpretation of monitoring results by an RCC physician ..... \$53

**Requesting Clinician signature** \_\_\_\_\_