

Saline Infusion Sonohysterography (SIS) Order Form



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_____	_____/_____/_____ Date of birth	_____ MRN
_____	_____ City / State / Zip	
_____	_____ Email	
_____	_____ Member ID	

Indication / Diagnosis

- Encounter for Fertility Testing
ICD-10 Code(s): Z31.41
- Recurrent Pregnancy Loss
ICD-10 Code(s): N96
- Uterine polyp
ICD-10 Code(s): N84.0
- Uterine fibroid(s) present or suspected
ICD-10 Code(s): D25.9
- Mullerian anomaly of the uterus/other
congenital malformations of the uterus
ICD-10 Code(s): Q51.818
- Other: _____
ICD-10 Code(s): _____

Tubal patency assessment (SIS with Bubble Test)

- Perform SIS to evaluate uterine cavity
- Instillation of air to evaluate tubal patency

Clinical information

_____/_____/_____ LMP	_____ Date range to perform SIS
_____ Cycle day today	_____ Gravida/Para
<input type="checkbox"/> Yes <input type="checkbox"/> No History of PID?	<input type="checkbox"/> Yes <input type="checkbox"/> No IUD in place?
_____ Allergies	_____ Additional notes

Referring Provider

_____ Provider name	_____ NPI
_____ Phone	_____ Fax
_____ Signature	_____ Date

SCHEDULING REQUIREMENTS (IMPORTANT) This exam must be performed between cycle days 6–11, after completion of menstrual bleeding and prior to ovulation. We recommend sending the order as early as CD1, rather than waiting until the patient's bleeding is complete. Receiving the order earlier allows more flexibility in scheduling and increases the likelihood the patient can be seen promptly. **If the patient is not scheduled within this range, a new order will be required with the next cycle's appropriate date range.**