

NEW PATIENT FORM FOR MALE INFERTILITY

VINCENT BRANDEIS, M.D. 718-433-3833 Fax 315-928-1082 vbrandeis@aol.com 46-01 Greenpoint Avenue, Sunnyside NY 11104

PATIENT NAME: _____ DATE OF BIRTH: _____ PHONE NUMBER: _____

MALE FERTILITY TESTING

ABO and Rh Blood Typing
Estradiol, LH, FSH
Prolactin
Testosterone Free + Total
Sex-Hormone Binding Globulin
DHEA Sulfate
Androstenedione
Cortisol, Random
Insulin, Fasting
Comprehensive Metabolic Panel
Lipid Screen (Basic Lipid Profile)
Hemoglobin A1C
CBC w/Diff, Platelet Count
ESR (Sed-Rate)
Cystic Fibrosis, Fragile X, Spinal Muscular Atrophy
Y Chromosome Microdeletion
Sickle Cell Screen
Chromosome Analysis
(9891-3) Comprehensive Thyroid Panel
Inhibin B
HIV Ag/Ab
Hepatitis C Antibody, EIA
Hepatitis B Antibody

DIAGNOSES

(N46.9) Male infertility, unspecified
(Z00.00) Encounter for general adult medical
(Z31.440) Encounter of male for testing for genetic

RADIOLOGY ORDER

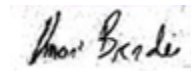
Lenox Hill Radiology
Phone: (212) 772-3111

Scrotal Ultrasound

DIAGNOSES
(N46.9) Encounter for fertility testing

REFERRAL TO UROLOGIST

Dr. Harris Nagler
Address: 245 East 54th Street, Suite 2N, New York, NY 10022
Phone: (212) 570-6800



VINCENT BRANDEIS, M.D., LIC# 162235, NPI 1215053962

SPERM ANALYSIS

In Office

Phone: (718) 433-3833

ReproLab

Address: 332 E 30th St New York, NY 10016

Phone: (212) 779-3988

Semen analysis with Kruger
Sperm Culture and Sensitivity
Ureaplasma, Mycoplasma

DIAGNOSES

(Z31.41) Encounter for fertility testing