

NOW THAT I AM A PATIENT AT BOSTON IVF, WHAT'S NEXT???

1. You will receive a call from clinical staff to review instructions and help answer any questions you have. This phone call will review next steps and create a plan for your testing.
2. **To schedule testing, you will call with the first day of your full flow period (812-842-4530, opt 4). No need to call on the weekends to schedule this testing, call on MONDAY. ☺**

Your testing may include:

- a. **Blood work:** The blood work ordered may be cycle day specific and/or require fasting. Cycle day specific blood work is usually drawn on cycle days 2, 3, or 4. If fasting is required, you should fast for 8-10 hours prior to your blood work appointment. You can drink *plain* water and black coffee (no cream or sugar) while fasting.
 - **Genetic Carrier Screening:** Your treatment plan may include genetic carrier screening. This will be ordered through LabCorp. NOTE – you need to call them to opt into the SELF PAY PRICING!!!!
- b. **Imaging:** The following tests are cycle day specific; some are scheduled between cycle days 2, 3 or 4 and others are between cycle days 5-12. If you are scheduling an SIS or HSG, you will submit a urine sample prior to your testing.
 - **Total Antral Follicle Count (TAFC):** Transvaginal ultrasound measuring uterus and ovaries.
 - **SIS:** Review handout saved to your patient portal.
 - **HSG:** Review handout saved to your patient portal. ***Please call the office if you answer YES to any of the screening questions. You will be required to pre-medicate prior to the HSG.***
- c. **Endometrial Biopsy:** Review handout saved to patient portal. This is scheduled between cycle days 5-12 and requires that you submit a urine sample prior to the biopsy.

*****For patients scheduling an HSG, SIS, or endometrial biopsy, please take Ibuprofen 600 mg or two Extra Strength Tylenol, 30-45 minutes prior to your scheduled testing.*****

3. **Partner Evaluation:** Part of your initial testing may include some testing for your partner. You partner will need to call to schedule this testing (812-842-4530, opt.2). Testing may include:
 - **Semen Analysis:** Review handout saved to your patient portal.
 - **Blood work**
4. **Communication**
 - We will communicate with you through your patient portal. Please make sure you remember your username and password!!!!
 - You will review all important documents through the portal – information about testing, cycles, instructions, etc. These documents are located in the documents section under patient instructions.
5. **You will receive a call within a week of your appointment to discuss insurance benefits.**

QUESTIONS

Questions to ask the *nurse* when I receive a call from Boston IVF

1. _____
2. _____
3. _____
4. _____
5. _____

Questions to ask the *financial coordinator* when I receive a call from Boston IVF

1. _____
2. _____
3. _____
4. _____
5. _____

Questions to ask *my provider* at my follow-up appointment

1. _____
2. _____
3. _____
4. _____
5. _____



BOSTONIVF
at The Women's Hospital

Please call the office at any time with questions.
Boston IVF at The Women's Hospital Nursing Team ☺

Phone: (812) 842-4530

Fax: (812) 842-4535