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Name: ______________________

Phone - Work: ______________________

Phone - Home: ______________________

Phone - Cell: ______________________

Pharmacy Phone: ______________________

E-mail address: ______________________

Reversal Lengths

Reversal Date: __________

Tube length - R: __________

Tube length - L: __________

Height: ______ Weight: ______

Follow-up Tests

HSG - R: __________

HSG - L: __________

PCT: __________

Period Start Date ex: 1/10/2000	**Clomid taken (Y/N)**	**Days taken** ex: 5-9	**# taken** ex: 2	**LH surge day** ex: 17	**Progesterone taken** (Y/N)	**Taken CD ex:** 14-28	**Glucophage Dose**	**Inseminated (Y/N)**	**Pregnant? (Y/N)**