



Fertility & Genetics

Dr. Mick Abaé, M.D., F.A.C.O.G.

954-584-2273

Saline Infusion Sonohysterography (SIS)

Patient Name: _____

Date of Birth: _____ Date: _____

Physician (Print Name): _____

Physician Signature: _____

For Evaluation of:

- Abnormal Uterine Bleeding
- Congenital Abnormalities of The Uterus
- Endometrial Polyps
- Infertility
- Pre/Postoperative Evaluation of the Uterine Cavity
- Recurrent Miscarriage
- Suspected Intrauterine Adhesions
- Uterine Fibroids



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Most Major Insurances Accepted