

## **MONTHLY CYCLE PLAN (GENERAL)**

<u>DATE</u>	<u>CYCLE DAY</u>	<u>FREQUENCY</u>
_____	1 Call with menstrual cycle <b>If menses started on weekend, call the office Monday morning.</b>	<b>MONTHLY</b>
_____	Set up hysterosalpingogram (HSG) for day 7-10 of cycle	<b>ONE TIME ONLY, IF NEEDED</b>
_____	2 Estradiol, FSH or	<b>ONE TIME ONLY, IF NEEDED</b>
_____	3 Estradiol, FSH Start Clomid days 3-7 of cycle or	<b>IF NEEDED</b>
_____	4 Estradiol, FSH	
_____	5 Clomiphene Citrate Challenge Test (CCCT) Start Clomid days 5-9 of cycle	<b>IF NEEDED</b>
_____	6	
_____	7 HSG (this procedure can be done on days 7-10 if needed).	<b>ONE TIME ONLY, IF NEEDED</b>
_____	8	
_____	9	
_____	10 FSH (if doing CCCT)	<b>IF NEEDED</b>
_____	11 Start ovulation predictor kit (OvuQuick One-Step)	<b>MONTHLY</b>
_____	Call with a positive kit <b>See weekend positive kit instructions in your folder</b>	<b>MONTHLY</b>
_____	Blood work to confirm kit – Same day as positive or 7:30 am following morning	<b>MONTHLY</b>
_____	Ultrasound	<b>IF NEEDED</b>
_____	Artificial insemination – Day after positive kit (ovulation)	<b>MONTHLY, IF NEEDED</b>
_____	Progesterone capsules (3 days after ovulation)	<b>MONTHLY, IF NEEDED</b>
_____	Progesterone blood test (6-8 days after ovulation)	<b>MONTHLY, IF NEEDED</b>
_____	Ovary check (office visit)	<b>MONTHLY, IF NEEDED</b>
_____	Pregnancy test if no period (15 days after ovulation)	<b>MONTHLY, IF NEEDED</b>