

FERTILITY AND REPRODUCTIVE MEDICINE

SEMEN ANALYSIS REQUISITION

Patient Instructions: To schedule an appointment, please call either the Chicago, Highland Park or Oakbrook clinic location
and bring this requisition with you to the appointment.
PATIENT NAME:
Date of Birth:
Wife/Partner:
DIAGNOSIS: MALE INFERTILITY/POST VASECTOMY/OTHER
Referring Physician Name:
REFERRING PHYSICIAN PHONE:
FAX NUMBER (FOR RECEIVING TEST REPORT):
Referring Physician/Designee Signature:
Date:

259 EAST ERIE STREET, SUITE 2400 CHICAGO, IL 60611 TEL 312.695.7269 FAX 312.472.4000 600 Central Avenue, Suite 333 Highland Park, IL 60035 Tel 847.535.8700 Fax 847.535.6999 2 TRANS AM PLAZA, SUITE 400 OAKBROOK TERRACE, IL 60181 TEL 630.545.3766 FAX 630.933.7392