

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: _____