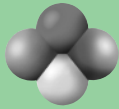


Andrology and Insemination Services



Seattle Reproductive Medicine®

A N I N T E G R A M E D® A F F I L I A T E

Experience never mattered more.™

Michael R. Soules, MD • Nancy A. Klein, MD • Paul C. Lin, MD • Angela C. Thyer, MD • Paul S. Dudley, MD • Amy R. Criniti, MD
Lynn B. Davis, MD, MS • Tamara M. Tobias, MSN, NP • Lindsay Wood, MSN, RNC

Patient's name: _____ Birth date: _____ Today's date: _____

Partner's name: _____ Patient's phone number: _____

Semen Analysis (includes count, differential motility, "total-motile")

Intrauterine Insemination Services

Other _____

Referring physician: _____ Request fax report—fax number: _____

Referring physician's address: _____

Intrauterine Insemination Services (IUI): Brief appointment prior to IUI is required.

Referring Office Instructions: Please fax (206-285-4555) referral to SRM Attn: Scheduling (SRM will contact patient to schedule appointment upon receipt of referral.)

Patient Instructions: Patient should abstain from ejaculation for 2-5 days prior to the test.

Seattle • Bellevue • Tacoma

Appointments 1-877-777-6002 Fax: 1-206-285-4555

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