

ANDROLOGY DIAGNOSTIC SERVICES



Seattle Reproductive Medicine®

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Patient's Name: _____ Birth Date: _____ Today's Date: _____

Partner's Name: _____ Patient's Phone Number: _____

Semen Analysis

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.

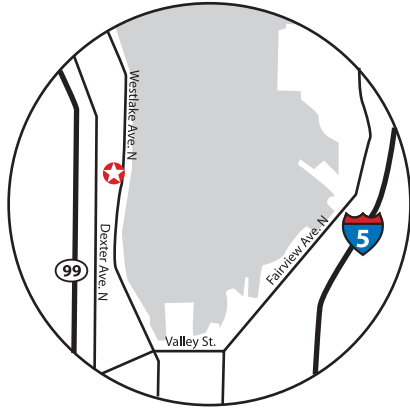
Referring Office Instructions: Please fax (206-285-4555). SRM will contact patient to schedule appointment.

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

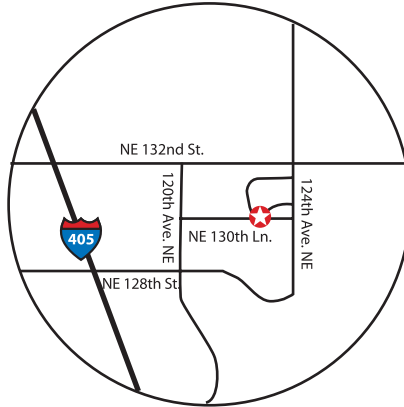
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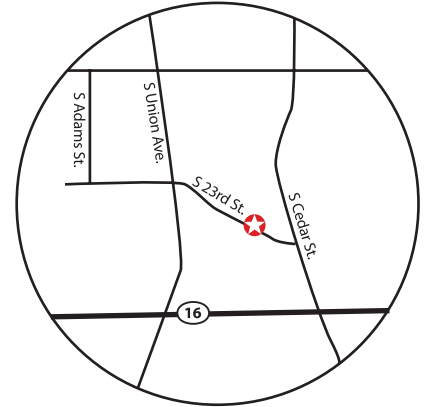
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