



# FORT WORTH FERTILITY

WHERE MIRACLES BEGIN

1800 Mistletoe Boulevard  
Fort Worth, TX 76104  
Robert A. Kaufmann, M.D.  
Biren V. Patel, M.D.  
Phone (817)348-8145  
Fax (817)348-8264

## Andrology Laboratory Requisition

Hours of Operation: Monday – Friday: 7:45 am to 4:00 pm  
Saturday and Sunday hours by appointment

Patient Name: _____	Partner's Name: _____
SSN#: XXX-XX-_____	Partner's DOB: _____
Date of Birth: _____	Patient Phone Number: _____

### Referring Physician Information

Physician Name: _____	Clinic Name: _____
Phone #: _____	Fax #: _____
Clinic Address: _____	Physician Signature: _____

*Please give this referral slip to your patient or fax it to 817-348-8264*

### Procedure Requested

<input type="checkbox"/> Complete Semen Analysis with Morphology (\$95.00)	<input type="checkbox"/> IUI Prep (\$168.00)
<input type="checkbox"/> Sperm Cryopreservation (\$397.00– includes 1 year storage)	<input type="checkbox"/> Other: _____

*All Andrology services performed by Texas Reproductive Center, L.L.C.*

*Payment due at time of service*

### Specimen Information

Collection Date and Time: _____	Place of Collection: (Circle One) FWF Home Other
Days of Abstinence: _____	Spillage during Collection: (Circle One) Yes - No Medications: _____
Specimen Collection Method: (Circle one) Masturbation Condom/Intercourse	Transport Problems: (Circle One) Yes No