



FORT WORTH FERTILITY

WHERE MIRACLES BEGIN

1800 Mistletoe Boulevard
Fort Worth, TX 76104
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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