



980 RAINTREE CIRCLE, ALLEN, TX 75013

PHONE (214) 383-2600 FAX (214) 383-2601

## SEMEN CRYOPRESERVATION (FREEZING) REQUEST FORM

PATIENT NAME: \_\_\_\_\_ PATIENT DOB: \_\_\_\_\_

PATIENT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

FEMALE PARTNER NAME: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

REFERRING PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

### PLEASE CHECK APPROPRIATE TEST REQUESTED

COMPLETE SEMEN ANALYSIS CPT 89320

SPERM FREEZING AND STORAGE CPT 89259

DATE OF COLLECTION: \_\_\_\_\_ TIME OF COLLECTION: \_\_\_\_\_

DAYS SINCE LAST EJACULATION: \_\_\_\_\_ COLLECTION SITE: ON SITE / OFF SITE

COLLECTION METHOD: MASTURBATION / COLLECTION CONDOM

ACCEPTING TECHNOLOGIST \_\_\_\_\_ DATE/TIME: \_\_\_\_\_/\_\_\_\_\_

**PATIENT:** I AUTHORIZE DFW CENTER FOR FERTILITY & IVF AND ITS EMPLOYEES TO PROCESS THE SEMEN SPECIMEN I HAVE PRODUCED AND I VERIFY THAT THE SPECIMEN IS MINE AND LABELLED APPROPRIATELY  
SIGNATURE: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

**SPOUSE:** I AUTHORIZE DFW CENTER FOR FERTILITY & IVF AND ITS EMPLOYEES TO PROCESS THE SEMEN SPECIMEN MY PARTNER PRODUCED OFF SITE AND I VERIFY THAT THE SPECIMEN WAS PRODUCED BY MY PARTNER AND LABELLED APPROPRIATELY  
SIGNATURE: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

