



## Know your options.

newpatients@springfertility.com  
p. (415) 964-5618  
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SAN FRANCISCO | SOMA  
OAKLAND | DANVILLE  
SUNNYVALE | REDWOOD CITY

**Patient Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

*If Applicable:*

**Partner Name** \_\_\_\_\_

**Partner Email** \_\_\_\_\_

**Partner Phone** \_\_\_\_\_ **Partner D.O.B.** \_\_\_\_\_

### CONSULTATION (choose one):

- Infertility Consult
- LGBTQ+
- Fertility Wellness Counseling
- Fertility Preservation
- Single Parent by Choice
- Genetic Counselor

### SPECIFIC SERVICES:

- HSG
- Semen Analysis (Routine)
- Semen Analysis (Strict Morphology)

**Note To Patient:** Please bring your ID and insurance information.  
Note that payment will be due at time of service.

### COMMENTS:

**Referring Physician** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**Office Phone** \_\_\_\_\_

**All results sent via fax.**

**Fax Number:** \_\_\_\_\_