



## Know your options.

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### Portland Clinic / Lab

2055 NW Savier St., Ste 150  
Portland, OR 97209

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

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)
- IUI Wash

### COMMENTS:

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

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

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

**All results sent via fax.**

Fax Number \_\_\_\_\_

SEND IN EMAIL

NOTE: PLEASE BE SURE COMPLETED PDF IS ATTACHED BEFORE SENDING