



Semen Analysis Referral

newpatients@springfertility.com
p. (646) 568-5638

Bryant Park Clinic/Lab

114 W 41st Street
2nd Floor
New York, NY 10036

Long Island Clinic

700 Stewart Ave
Suite 200
Garden City, NY 11530

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. _____

Referring Physician _____

Physician Signature _____

Office Phone _____

All results sent via fax.

Office Fax Number _____

Partner Name to Reference _____

SPECIFIC SERVICES:

Semen Analysis (Routine)

Semen Analysis (Strict Morphology)

Please email this form to newpatients@springfertility.com or fax to (646) 568-5637.

COMMENTS:

Know your options.