



## 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.**