SPRING FERTILITY

Semen Analysis Referral

newpatients@springfertility.com
p. (303) 381-1365

Denver Clinic / Lab

1900 Lawrence St, Suite 1800
Denver, CO 80202

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 (Strict Morphology)

COMMENTS:

Know your options.

Please email this form to newpatients@springfertility.com or fax to (303) 381-1366.