

Andrology Order



SpringCreek Fertility

7095 Clyo Road

Centerville, OH 45459

Tel 937-458-5084 Fax 937-458-5089

SpringCreekFertility.com

Appointments@SpringCreekFertility.com

Patient Name: _____

Partner Name: _____

Patient Phone: _____

Address: _____

SSN: _____ Insurance: _____

Diagnosis Code (if other than V26.21 Fertility Testing) _____

- Semen Analysis (includes morphology)
- Sperm Count and Motility only/Post-Vasectomy Assessment
- Sperm Cryopreservation and Storage
- DNA Fragment Index
- Egg Binding Assay
- Sperm wash – Complete
- Sperm wash – Analysis only
- Other _____

Send Report To:

Referring Physician: _____

Physician Signature: _____

Tel: _____ Fax: _____

SpringCreek Fertility
7095 Clio Road
Centerville, OH 45458

Patient instructions for semen studies:

- Please call **937-458-5084** to schedule with the Andrology Lab.
- Remember to bring this written order from your physician.
- Payment is requested prior to or at the time of service.
- Private collection rooms are available at the office

Pre- Collection Instructions:

- 2-5 days abstinence from sexual relations provides the most accurate results.

