

ANDROLOGY FORM

(MALE FERTILITY)

Please Call Patient to Schedule (Allow 48 hours to contact patient)

LOCATIONS

WINSTON SALEM

3821 Forrestgate Dr. Winston Salem, NC 27103 336-448-9100

GREENSBORO

1002 N. Church St., Ste. 200 Greensboro, NC 27401 336-448-9100

CHARLOTTE

2614 E. 7th Street, Ste. C Charlotte, NC 28204 980-256-2233

collection. Specimens should be collected into a sterile container with a screw-on lid. 4. The sample should be kept between room and body temperature $(70 - 98.6^{\circ}F)$.

ASHEVILLE

2159 Hendersonville Rd., #30 Arden, NC 28704 828-767-1643

WILMINGTON

1717 Shipyard Blvd., #210 Wilmington, NC 28403 910-800-2080

MOORESVILLE

128 Medical Park Rd., #103 Mooresville, NC 28117 980-447-8200

CARY

160 Macgregor Pines, #206 Cary, NC 27511 984-208-7778

DR. TAMER YALCINKAYA | DR. TOLGA MESEN | DR. AUDREY GARNEAU DR. HOOMAN SADRI (Reproductive Urology)

| Patient's Name (Male): | DOB: | | |
|---|--|---|--|
| Patient's Name (Female): | | DOB: | |
| Patient's Address: | City: | Zip: | |
| Patient's Phone: | Email: | | |
| Insurance Provider: | | | |
| Referring Physician (please print): | Fax # (requi | Fax # (required): | |
| Andrology Comices | | alysis or Sperm Prep Scheduling: Carolinas Fertility Institute must have | |
| Andrology Services: | an appointment. 2. All referral specimens must be accompanied by your physician's prescription. Orders can be faxed to our office or brought with you the day of your appointment. Test results will be sent to your referring provider via fax within 5 business days. General Collection Guidelines: | | |
| ☐ Semen Analysis | | | |
| $\hfill \square$ Urine Evaluation of Retrograde Ejaculation | | | |
| ☐ Semen Cryopreservation | | | |
| ☐ Sperm Prep (for IUI by referring provider) | 2. For best results, please maintain a no more than 5 days. | uired for all patients providing a semen specimen. a window of abstinence for at least 2 days, but | |
| Diagnosis: | | ected at home or in the clinic collection room. If e, it must arrive at the laboratory within one hour of | |

FAX ANDROLOGY FORM TO A CFI OFFICE LOCATION:

WINSTON SALEM: (336) 778-7995 | GREENSBORO: (336) 778-7995 | CHARLOTTE: (980) 256-2234

ASHEVILLE: (828) 676-1075 | WILMINGTON: (910) 833-5098 | MOORESVILLE: (704)746-0037 | CARY: (984) 333-0010