



PERSONALIZED CARE, ONE COUPLE AT A TIME

Since 1987

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Patient Name: _____ DOB: ____ / ____ / ____

Spouse/Partner Name: _____ DOB: ____ / ____ / ____

Infertility Consult Requested:

Labs Previously Completed:

Consult for Reproductive Health Plan:

Labs Previously Completed:

Semen Analysis:

Referred By: _____

Send Results to: _____

Phone: _____

Arlington Office

4040 N. Fairfax Dr., #600

Arlington, Virginia 22203

Tel: 703.920.3890 Fax: 703.892.6037

Bethesda Office

10215 Fernwood Road, #280

Bethesda, MD 20817

Tel: 240.762.5980 Fax: 301.530.1176

Fair Oaks Office

3620 Joseph Siewick Dr., #300

Fairfax, Virginia 22033

Tel: 703.620.0222 Fax: 703.620.2928

Washington, DC Office

1145 19th Street, NW, #410

Washington, DC 20036

www.dominionfertility.com

Comprehensive Infertility Care



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Egg Cryopreservation | Intrauterine Insemination
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Patient Instructions

1. You must schedule an appointment for any test requested by your doctor.
2. For best results, patients should abstain from sexual intercourse for 3-7 days prior to sperm testing.
3. Most semen samples may be collected at home, or they may be collected in a private room in our office. Prior arrangements must be made if specimens are to be collected in any other location.
4. If you are unable to keep the scheduled appointment, please call our office to cancel/reschedule your appointment.