

REFERRAL FORM



THE NEVADA CENTER FOR REPRODUCTIVE MEDICINE

Dr. Russell A. Foulk, M.D. ● Dr. Scott J. Whitten, M.D.

Board Certified Physicians

Specializing in Fertility, Gynecology, Endocrinology, and Gynecologic Surgery

www.nevadafertility.com

645 Sierra Rose Dr., Suite 205, Reno, NV. 89511 ● 775-828-1200 ● Fax 775-828-1785

SERVICE REQUESTED:

SEMEN ANALYSIS

Patient's insurance will be verified.

The price for those without insurance benefits or non-contracted insurance is \$150.00

Patient Name: _____ Date of request: _____

DOB: _____ Cell Phone: _____ Alternate Phone _____

Partner Name : _____ DOB: _____

Requesting provider: _____ Date: _____

NCRM to fax results to (_____) _____ Attention: _____

For semen analysis please allow up to 24 hours for report to be sent to your facility.

Fax this form to (775) 828-1785. * NCRM will call the patient to schedule an appointment.*

No same day appointments.