



www.cryogam.com

TEST REQUISITION FORM

Patient's Name: _____

Partner's Name: _____

Ordering Physician: _____ Signature of Physician: _____

Physician Address: _____

Physician Phone: _____ Physician Fax: _____

Physician Email: _____

All tests are by appointment only and must be scheduled in advance by calling CryoGam at 970-667-9901 or 1-800-473-9601.

Please bring this form with you at time of appointment.

Test ordered:

_____ Complete Semen Analysis (includes 6-hour sperm survival test)

_____ Post-Vasectomy Semen Analysis (*semen specimen must be collected at CryoGam*)

_____ Retrograde Analysis

The patient should abstain from all sexual activity for 3 – 7 days prior to the appointment.

**Payment is required at time of services rendered.
We accept Checks, Cash, VISA, and MasterCard and Discover.
CryoGam does not bill insurance.**

2216 Hoffman Dr. Unit B
Loveland, CO 80538

(970) 667-9901
(800) 473-9601