

# UW Men's Health Center/Male Fertility Lab

## Fertility Preservation Requisition

4245 Roosevelt Way NE, Seattle, WA 98105

Monday – Friday 8am-5pm

Pager: 206-314-5268

FAX: 206-598-7135

Phone: 206-598-6358, opt 8

Ordering Physician / Clinician	Patient Information
Name:	Name:
Practice/Clinic:	DOB:
Address:	Address:
Phone:	Phone:
FAX:	Minor's Legal Guardian:
Treatment Start Date:	ICD 10:
	Diagnosis:
Previous Chemo/Treatment and Date:	
Other reason for banking:	

I have assessed the patient and determined he is able to self-stimulate to produce an ejaculate.

Provider Signature: \_\_\_\_\_ MD/PA/NP \_\_\_\_\_ Date