



SEMEN ANALYSIS REFERRAL

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Laboratory Director

REFERRAL INFORMATION

Patient: _____ (LAST) _____ (FIRST)
Partner: _____ (LAST) _____ (FIRST)
Ordering Physician: _____ (PRINT) _____ (SIGNATURE)

(DATE)
Ordering Physician NPI# _____ Fax: _____

Appointment Date: _____ Time: _____

- ☐ Washington, D.C. (202-293-4432)
2440 M St., NW, Ste. 101
Washington, DC 20037
- ☐ Bethesda, MD (301-897-8850)
10215 Fernwood Rd., Ste. 301A
Bethesda, MD 20817

Abstinence: ☐ 2 - 3 Days ☐ _____ Days

ICD-9 CODES

- ☐ N46.9 male infertility unspecified
☐ N46.11 oligospermia
☐ N46.01 azoospermia
☒ N93.41 male infertility testing

SEMEN ANALYSIS

- ☐ Basic Semen Analysis
☒ Basic Semen Analysis plus Morphology
☒ Screening for Azoospermia
☐ Post Vasectomy Evaluation
☐ Fructose
☐ Pre-ICSI Semen Screen
☐ Semen and Urine Screening for Retrograde Ejaculation
☐ Hyaluronan Binding Assay

SEMEN PROCESSING

- ☐ For Intrauterine Insemination
☐ Freezing and Storage:
☐ For IVF ☐ For IUI
☐ For other _____

SEMEN CULTURE

- ☐ Chlamydia
☐ Mycoplasma

PATIENT INSTRUCTIONS

Call the phone numbers listed above to make an appointment for your semen analysis at the desired office location. If you will be freezing sperm then the collection must be scheduled in the Washington, D.C. office. Please follow the instructions on the back for semen collection. If you are unable to make your scheduled appointment, please notify the office within 24 hours to avoid a late cancellation fee.

☐ Dr. Safa Rifka
NPI #173 026 6404

☐ Dr. Rafat Abassi
NPI #111 400 4496

☐ Dr. Maurice Butler
NPI #161 905 4384

☐ Dr. Abbaa Sarhan
NPI #137 670 0245

☒ Dr. Preston Sacks
NPI #176 056 9420