	v asec	tomy Test Reque	est	
Patient Name:		Docto	r:	
Address.			_	
Vasectomy Date:			te:	
Due Date:		Email Addres	20.	
Phone No.:		Cellphone No		
				ga amail my ragulta
Yes, you can leave a me	ssage on my mac	inne No, do	not leave a messa	ge, email my results
Email Address:	115 1 1		.	
First Test (after 6 weeks and 15 ejaculations) Repeat Test				
For Office Use Only				
DT	Р	/100HPF	R	F
T-1	PC	71001111		PC
T-2	LM	HPF		LM
T-3	EM			EM
T-4	PR	MOTILE		PR
	T 7	·		
Vasectomy Test Request				
Patient Name:		Docto	r:	
Address:			_	
Vasectomy Date:		Snecimen Da	te:	
Due Date:		Email Addres	20.	
Due Date: Phone No.:		Cellphone No		
				ga amail my ragulta
Yes, you can leave a me	essage on my mac	inine No, do	not leave a messag	ge, email my results
Email Address:				
First Test (after 6 weeks	and 15 ejaculation	ons) Repeat	Test	
First Test (after 6 weeks			Test	
	F	or Office Use Only		F
DT	F P		Test R	F PC
DT	F	or Office Use Only		F PC LM
DT	P PC	or Office Use Only /100HPF HPF		PC
DT T-1 T-2	PC LM	or Office Use Only /100HPF		PC LM
T-1 T-2 T-3	PC LM EM	or Office Use Only /100HPF HPF		PC LM EM
T-1 T-2 T-3	P PC LM EM PR	or Office Use Only /100HPF HPF MOTILE	R	PC LM EM
T-1 T-2 T-3	P PC LM EM PR	or Office Use Only /100HPF HPF	R	PC LM EM
T-1 T-2 T-3 T-4	PC LM EM PR	or Office Use Only /100HPF HPF MOTILE	est	PC LM EM PR
T-1 T-2 T-3	P PC LM EM PR	or Office Use Only /100HPF HPF MOTILE	R	PC LM EM PR
T-1 T-2 T-3 T-4 Patient Name: Address:	P PC LM EM PR	or Office Use Only /100HPF HPF MOTILE tomy Test Reque	est r:	PC LM EM PR
DT T-1 T-2 T-3 T-4 Patient Name: Address: Vasectomy Date:	P PC LM EM PR	or Office Use Only /100HPF HPF MOTILE tomy Test Reque Docto Specimen Da	est r:te:	PC LM EM PR
Patient Name: Address: Vasectomy Date: Due Date: Phone No:	P PC LM EM PR	or Office Use Only /100HPF HPF MOTILE tomy Test Reque Docto Specimen Da Email Addres Cellphone No	est r: te: ss:	PC LM EM PR
Patient Name: Address: Vasectomy Date: Due Date: Phone No.:	P PC LM EM PR Vasec	or Office Use Only /100HPF HPF MOTILE tomy Test Reque Docto Specimen Da Email Addres Cellphone No	est	PC LM EM PR
Patient Name: Address: Vasectomy Date: Due Date: Phone No.: Yes, you can leave a me	P PC LM EM PR Vasec	or Office Use Only /100HPF HPF MOTILE tomy Test Reque Docto Specimen Da Email Addres Cellphone No	est	PC LM EM PR
Patient Name: Address: Vasectomy Date: Due Date: Phone No.: Yes, you can leave a me Email Address:	P PC LM EM PR Vasec	rtomy Test Reques Specimen Da Email Address Cellphone No.	est r: te: ss: .: not leave a messa;	PC LM EM PR
Patient Name: Address: Vasectomy Date: Due Date: Phone No.: Yes, you can leave a me	P PC LM EM PR Vasec	rtomy Test Reques Specimen Da Email Address Cellphone No.	est r: te: ss: .: not leave a messa;	PC LM EM PR
Patient Name: Address: Vasectomy Date: Due Date: Phone No.: Yes, you can leave a me Email Address:	P PC LM EM PR Vasec essage on my mac and 15 ejaculation	rtomy Test Requestrated Docto Specimen Date Email Address Cellphone No., doctors) Repeat	est r: te: ss: .: not leave a messa;	PC LM EM PR
Patient Name: Address: Vasectomy Date: Due Date: Phone No.: Yes, you can leave a me Email Address: First Test (after 6 weeks	P PC LM EM PR Vasec essage on my mace and 15 ejaculation	or Office Use Only /100HPF HPF MOTILE tomy Test Reque Docto Specimen Da Email Addres Cellphone No chine No, do	r:te:te:te:te:te:	PC LM EM PR ge, email my results
Patient Name: Address: Vasectomy Date: Due Date: Phone No.: Yes, you can leave a me Email Address: First Test (after 6 weeks)	P PC LM EM PR Vasec essage on my mace and 15 ejaculation F	rtomy Test Requestrated Docto Specimen Date Email Address Cellphone No., doctors) Repeat	est r: te: ss: .: not leave a messa;	PC LM EM PR PR F
Patient Name: Address: Vasectomy Date: Due Date: Phone No.: Yes, you can leave a me Email Address: First Test (after 6 weeks	P PC LM EM PR Vasec essage on my mace and 15 ejaculation	or Office Use Only /100HPF HPF MOTILE tomy Test Reque Docto Specimen Da Email Addres Cellphone No chine No, do	r:te:te:te:te:te:	PC LM EM PR PR F PC
Patient Name: Address: Vasectomy Date: Due Date: Phone No.: Yes, you can leave a me Email Address: First Test (after 6 weeks	P PC LM EM PR Vasec essage on my mac and 15 ejaculation F P PC	or Office Use Only /100HPF HPF MOTILE tomy Test Reque Docto Specimen Da Email Addres Cellphone No chine No, do Repeat or Office Use Only /100HPF	r:te:te:te:te:te:	PC LM EM PR PR F