



## AUTHORIZATION FOR PURCHASE OF SEMEN

To print this form, click on your browser's "PRINT" button OR download directly from our site.

### ALL fields must be complete for form to be processed.

I am referring (patient's name) \_\_\_\_\_ to Midwest Sperm Bank to obtain semen specimens for therapeutic donor insemination. I have discussed, explained and reviewed all the risks and limitations of therapeutic donor insemination with my patient. I authorize her to obtain the specimens directly from Midwest Sperm Bank. My patient has agreed that all specimens obtained from Midwest Sperm Bank are for her personal use only and that the insemination will be performed at home without the supervision of a licensed physician by herself or partner.

Doctor's Signature: \_\_\_\_\_

License Number: \_\_\_\_\_

Date Signed (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name of Physician: \_\_\_\_\_

Hospital/Center Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please complete this form and either:

- **Fax:**  
630-810-0490  
Monday through Friday from 8:00 a.m. to 5:30 p.m. Central Time
- **Mail:**  
Midwest Sperm Bank  
4333 Main Street  
Downers Grove, IL 60515