

Pacific Reproductive Services

Medical Certification

Recipients of Pacific Reproductive Services donor sperm are required to undergo a pre-pregnancy medical assessment to rule out evidence of contraindications to pregnancy. Please perform an assessment as you deem appropriate and counsel the patient about any pertinent findings that could cause pregnancy complications.

_____/_____/_____/_____
Patient Last Name First Name DOB Date Of Exam

Clinician Certification

I certify that I have performed a pre-pregnancy assessment of the above-named patient as I have deemed appropriate. I find no evidence of significant contraindications to pregnancy. Please release to her the desired number of semen or sperm specimens for the donor of her choice.

I will will not be performing reproductive procedures on this patient.

I am a: Physician Nurse Practitioner Nurse Midwife Physician Assistant Other

_____/_____/_____/_____
Signature Print Name License # State

Address/City/State/Zip

(_____) _____
Phone Specialty

PRS requires renewal of medical certification every 2 years

Please fax or mail to the appropriate office