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Authorization for Release of Semen

## Authorization for Release of Semen

I am referring \_\_\_\_\_  
to N.E.C.C., Inc. to obtain semen specimens for artificial insemination. I have informed her of the risks and limitations of artificial insemination. I authorize her to obtain the specimens directly from N.E.C.C., Inc. or to arrange for the delivery of orders to my office as needed.

She has agreed that all specimens obtained from N.E.C.C., Inc. are for her personal use only. Our office will be performing the insemination procedure.

**Physicians Note:** All donor numbers that begin with the letters "B, N, and R" have 500 units of Penicillin.

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PHYSICIAN'S NAME (PLEASE PRINT)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

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