



PATIENT REGISTRATION FORM

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

Please complete all information on this form. The information is used to set up your account and is strictly confidential

PERSONAL INFORMATION

Patient's Name	Age	Birth Date (MM/DD/YYYY)
Patient's Social Security Number	Mother's Maiden Name (<i>required to place orders/ inquire about account status</i>)	
Marital Status	Spouse'/Partner's Name (<i>if applicable</i>)	
Driver's License Number	Issuing State	
Mailing Address: Street		
City	State, Zip	
Home Phone	Cell Phone	
Where did you hear about us? <input type="checkbox"/> Internet <input type="checkbox"/> Magazine <input type="checkbox"/> Physician <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		



FINANCIAL INFORMATION

Charge Card # _____

Expiration Date (MM/YYYY): _____ Security Code # _____

American Express Discover MasterCard Visa

Name as it appears on the credit card: _____

Signature of cardholder: _____

Payment must be made at the time of your order. We will accept cash, and the above charge cards at the time the order is placed or picked up. Checks, (personal, cashier, or money order), must be received at least one week before the scheduled shipping date. I further understand that credit cards are not transferable according to the rules of the issuing financial institutions. All payments by credit card must be authorized by the credit card holder at the time of placing an order.

I, the undersigned, have read the above statement and accept full financial responsibility for all charges incurred by me, or my dependents, for services rendered by Midwest Sperm Bank.

Patient's Signature: _____ Date Signed (MM/DD/YYYY): ____/____/____

Spouse's Signature: _____ Date Signed (MM/DD/YYYY): ____/____/____

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