

Referral Request Form

Patient Information	n ,
Patient Name	DOB
Spouse Information	1
Spouse/Partner Name	DOB
Preferred Provider	
Michael DiMattina, M.D	Susan Sarajari, M.D. Tamar Matitashvili, M.D.
Fertility Services	
Infertility	Fertility Preservation (Egg Freezing) Donor Egg/Surrogacy
Recurrent	Comprehensive Fertility Evaluation LGBTQ+ Fertility Services
Pregnancy Loss	(Sperm/Egg)
Other	
Andrology Services	
Semen Analysis	
Referred By:	
Send Results to:	
Phone:	

Arlington Office

4040 N. Fairfax Dr., #600 Arlington, Virginia 22203

Tel: 703.920.3890

Fax: 703.892.6037

Fair Oaks Office

3620 Joseph Siewick Dr., #300 Fairfax, Virginia 22033

Tel: 703.620.0222

Fax: 703.620.2928

Bethesda Office

10215 Fernwood Road, #280 Bethesda, MD 20817

Tel: 240.762.5980

Fax: 301.530.1176

Patients must contact Dominion Fertility at **703-920-3890** to schedule an appointment. Please email this form to **hello@dominionfertility.com** or fax **703-892-6037**



Comprehensive Infertility Care

- Stimulated IVF
- Ova Donation
- ICSI
- Assisted Hatching
- Embryo Cryopreservation
- Egg Cryopreservation
- Intrauterine Insemination
- Full Andrology Services
- Genetic Screening
- Preimplantation Genetic Screening & Diagnosis







Patient Instructions

- You must schedule an appointment for any test requested by your doctor.
- 2 For best results, patients should abstain from sexual intercourse for 3-7 days prior to sperm testing.
- 3 Most semen samples may be collected at home, or they may be collected in a private room in our office. Prior arrangements must be made if specimens are to be collected in any other location.
- If you are unable to keep the scheduled appointment, please call our office to cancel/reschedule your appointment.



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