



Zygote Generating Products
16917 Enadia Way - Van Nuys, CA 91406
(800) 255-7242 (818) 705-3600 Fax:(818) 705-3640

STATEMENT OF PHYSICIAN RESPONSIBILITY

Please complete this form if you wish to set up an account for your office and be billed directly by Zygen Laboratory for services rendered. Patient billing automatically becomes your responsibility. By signing this agreement, you indicate your acceptance of the terms stated.

I, _____ will inform all patients using samples provided by Zygen Laboratory, of the risks and limitations of artificial insemination. I agree to inform each patient that they must not attempt to locate or identify any donor that has participated in the AID program at Zygen Laboratory, unless the donor consents to be identified and/or a court order identifying the donor.

I agree to inform Zygen Laboratory of all pregnancies or adverse reactions resulting from the use of sperm samples obtained from the laboratory.

Doctor's Signature: _____

License Number: _____

Mailing Address: _____

Billing Information

Name of Responsibility Party: _____

Name of Facility/Medical Corp: _____

Billing Address (if different): _____

Name of Contact Person: _____

Telephone Number: _____ Fax Number: _____

Federal Express Account#: _____

Zygen Use Only

Date Received: _____ Acct Number: _____