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 ROBERT J KILTZ, MD - DIRECTOR

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 38A OLD SPARROWBUSH ROAD
 LATHAM, NEW YORK 12110
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RECIPIENT PROFILE FOR DONOR SELECTION

NAME _____ **DATE** _____

Please let us know what you and your partner are looking for in an oocyte donor. We will try to select donor's that match your preference in physical traits and ethnic background.

Ethnicity _____

Education-High school _____

College _____

Degree _____

Hair color _____

Interests- Musical _____

Sports _____

Hair type -Straight _____

Wavy _____

Curly _____

Other _____

Eye color _____

Height _____

Weight _____

Body type *sm* _____ *med* _____ *lg* _____

Comments _____

