

## Pacific Reproductive Services

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 San Francisco, CA 94107  
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 Pasadena, CA 91101  
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Email: [Info@PacRepro.com](mailto:Info@PacRepro.com)

### PACIFIC REPRODUCTIVE SERVICES PHOTO MATCH / DONOR CONSULT REQUEST FORM

To obtain photo-matching assistance in donor selection, please complete **PART 1 AND PART 2** of this form. See current price list for photo matching fee. Please provide two (2) color photos of the person to whom you desire a donor match and label all photos with your name. We will use the photographs submitted to determine a short list of donors, which have physical characteristics similar to those of the individual used for matching. Results will be completed within three (3) business days of receipt by PRS, and photos will be returned with results.

There are two ways to complete a Photo Request Match:

- 1. Mail this form along with two (2) photos and a form of payment (credit card info or check):**

Pacific Reproductive Services  
 Attn: Photo Matching  
 444 De Haro Street, Suite 222  
 San Francisco, CA 94107

- 2. Email this form and two (2) digital photos to: [Donors@PacRepro.com](mailto:Donors@PacRepro.com) (Email submission may only be paid with credit card authorization.)**

#### PART 1

Review PRS current donor catalog and narrow your choices to four (4) donors. Your photographs will be compared with photographs of the donors you selected and the donors ranked in the order of highest to lowest degree of resemblance to the photographs provided.

(1) # \_\_\_\_\_      (2) # \_\_\_\_\_      (3) # \_\_\_\_\_      (4) # \_\_\_\_\_

#### PART 2

Complete the following respective items that you feel are important. Any information listed below that you feel is not important should not be completed.

Race (Caucasian, Black, Asian, other) \_\_\_\_\_

Ethnic preferences \_\_\_\_\_

Religion preferences \_\_\_\_\_

Please list the order of importance (# 1 – 3) next to each applicable item and circle the appropriate information:

1= very important    2= somewhat important    3=not important

Willing To Be known \_\_\_\_\_

Height    \_\_\_\_\_    less than 5'9"    5'10" to 6'0"    6'0 to 6'4"

Weight    \_\_\_\_\_    less than 150    150 to 190    greater than 190

Skin tone    \_\_\_\_\_    Medium/Fair    Medium    Medium/Dark    Dark

Eye color    \_\_\_\_\_    Blue    Green    Hazel    Brown    Black

Hair Color    \_\_\_\_\_    Blonde    Brown    Black    Red

Please list any other characteristics you feel are important:



Results

Check appropriate box for preferred method to receive Photo Match results:

US Mail     Fax # \_\_\_\_\_     E-mail \_\_\_\_\_

Indicate method of payment:

Card type  VISA     MC     Check enclosed (made payable to PRS)

Card number \_\_\_\_\_

Name on card \_\_\_\_\_

Expiration date \_\_\_\_\_    Signature: \_\_\_\_\_

RECIPIENT NAME: \_\_\_\_\_

**PRS USE ONLY:**

Date Received \_\_\_\_\_

Date Evaluated \_\_\_\_\_

Result Sent \_\_\_\_\_

Operator \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE:  
\_\_\_\_\_