

Referral form



TENNESSEE
REPRODUCTIVE
MEDICINE

Referring Provider

Consulting Provider

- Rink Murray, MD
 Jessica Scotchie, MD

Patient Name: _____

Patient Phone Number: _____

Patient Date of Birth: _____

Reason for Referral:

Gynecologic

- | | |
|---|----------------|
| <input type="checkbox"/> Heavy or frequent menses | ICD-9
626.2 |
| <input type="checkbox"/> Scant or infrequent menses | 626.1 |
| <input type="checkbox"/> Fibroids or polyps | 218.1 or 620.0 |
| <input type="checkbox"/> Endometriosis | 617.1 |

Endocrine

- | | |
|--|--------|
| <input type="checkbox"/> PCOS | 256.39 |
| <input type="checkbox"/> Hirsutism | 704.1 |
| <input type="checkbox"/> Menopausal symptoms | 627.2 |
| <input type="checkbox"/> Elevated prolactin | 253.1 |

Fertility

- | | |
|---|--------|
| <input type="checkbox"/> Anovulatory infertility | 628.0 |
| <input type="checkbox"/> Tubal factor infertility | 628.2 |
| <input type="checkbox"/> Male factor infertility | 628.8 |
| <input type="checkbox"/> Diminished ovarian reserve | 256.39 |
| <input type="checkbox"/> Unexplained infertility | 628.9 |

Specific Tests Requested (if any):

CPT

- | | |
|--|-------|
| <input type="checkbox"/> Hysterosalpingogram | 58340 |
| <input type="checkbox"/> Saline sonography | 76831 |
| <input type="checkbox"/> Semen analysis with Strict Morphology | 89322 |
| <input type="checkbox"/> Other _____ | |

Other information:

* Please fax all pertinent notes and lab work to 423-643-0699

* Please call 423-876-2229 (TRM-BABY) with any questions.

Thank you for referring your patient to TRM.