

# 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<br>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.***