Atlantic Reproductive Medicine Specialists

DATE: ____________________

# ATLANTIC REPRODUCTIVE MEDICINE SPECIALISTS
# REFERRAL FORM

☐ Susannah Copland, MD, MSCR ☐ Mary Peavey, MD, MSCR ☐ Matt Coward, MD, FACS (Male Reproductive Specialist)

☐ Testing Only, No Consultation Needed

## PATIENT INFORMATION

**Patient Name:** ____________________ **DOB:** ____________________

**Address:** ____________________

**Home Number:** ____________________ **Cell Number:** ____________________

**Email:** ____________________

## INSURANCE INFORMATION

**Company:** ____________________ **Group Number:** ____________________

**Subscriber ID:** ____________________

**Subscriber Name:** ____________________ **Subscriber Date of Birth:** ____________________

## REFERRAL INFORMATION

**Referring Physician:** ____________________

**Address:** ____________________

**Office Phone:** ____________________ **Office Fax:** ____________________

**Reason for Referral:** ____________________

**Diagnosis:** ____________________ **ICD-10 Code:** ____________________

| | | | |
|---|---|---|---|
| ☐ Ovulation Induction (OI) | ☐ Recurrent Pregnancy Loss (RPL) | ☐ Male Infertility | ☐ Electroejaculation |
| ☐ Intrauterine Insemination (IUI) | ☐ Hysterosalpingogram (HSG) | ☐ Male Fertility Evaluation | ☐ Azoospermia |
| ☐ In Vitro Fertilization (IVF) | ☐ Reproductive Endocrine Disorder | ☐ Male Fertility Preservation | ☐ Sperm Extraction |
| ☐ Third-Party Reproduction | ☐ Preimplantation Genetic Testing (PGT) | ☐ Abnormal Semen Analysis | ☐ Varicocele |
| ☐ Female Fertility Evaluation | ☐ Ovarian Reserve Testing | ☐ Vasectomy | ☐ Semen Analysis |
| ☐ Female Fertility Preservation | ☐ Sperm Banking | ☐ Vasectomy Reversal | ☐ Other: ____________ |

**Please fax any pertinent records about this referral to 919-248-8776**

**We thank you for choosing Atlantic Reproductive Medicine Specialists!**

10208 Cerny Street, Suite 306, Raleigh, NC 27617 website: atlanticfertility.com
Phone: 919-248-8777 Fax: 919-248-8776

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