



UNC Fertility

REFERRAL FORM

To make a referral: Please provide the information below and then fax this form and any other pertinent records to us at (919)596-6147.

Your patient can call the toll free number below to schedule the appointment, or you can call on your patient's behalf. Please provide your patient with a copy of this form including our directions on the back.

- | | | |
|---|---|--|
| <input type="checkbox"/> Jennifer Mersereau, M.D., MSCI | <input type="checkbox"/> Matt Coward, M.D.
<small>(Male Reproductive Specialist)</small> | <input type="checkbox"/> Steven Young, M.D., PhD |
| <input type="checkbox"/> Genevieve Neal-Perry, MD, PhD | <input type="checkbox"/> Leah Bressler, MD | <input type="checkbox"/> Christina Mitchell, MD |
| <input type="checkbox"/> Ellie Andres, PA | <input type="checkbox"/> Alyssa Houck, PA | <input type="checkbox"/> No Preference |

Patient name: _____ Phone: _____ Date of Birth: _____

Referring physician: _____ Fax reports back to: _____

Please fax any pertinent records about this referral to UNC Fertility at (919) 596-6147

Evaluation For New Patients:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Egg Donation | <input type="checkbox"/> Menstrual Irregularities | <input type="checkbox"/> Preimplantation Genetic Diagnosis (PGD) | <input type="checkbox"/> Tubal Anastomosis |
| <input type="checkbox"/> Egg Freezing | <input type="checkbox"/> Mullerian Anomaly | <input type="checkbox"/> Premature Ovarian Failure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Myomas/Myomectomy | <input type="checkbox"/> Recurrent Pregnancy Loss | _____ |
| <input type="checkbox"/> Gestational Surrogacy | <input type="checkbox"/> Ovarian Cystectomy | <input type="checkbox"/> Reproductive Endocrine Disorders | |
| <input type="checkbox"/> Hysteroscopy | <input type="checkbox"/> Polycystic Ovary Syndrome (PCOS) | | |
| <input type="checkbox"/> Hysterosalpingogram (HSG) | | | |
| <input type="checkbox"/> In Vitro Fertilization (IVF) | | | |

Male Fertility Evaluation:

- | | | |
|---|--|---|
| <input type="checkbox"/> Abnormal Semen Analysis | <input type="checkbox"/> Sperm Extraction | <input type="checkbox"/> Erectile and Ejaculatory Dysfunction |
| <input type="checkbox"/> Azoospermia ("Zero Sperm Count") | <input type="checkbox"/> Electroejaculation | <input type="checkbox"/> Fertility Preservation |
| <input type="checkbox"/> Vasectomy Reversal | <input type="checkbox"/> Varicocele | <input type="checkbox"/> Hypogonadism (Low testosterone) |
| <input type="checkbox"/> Vasectomy | <input type="checkbox"/> Hormonal and Genetic Evaluation | <input type="checkbox"/> Other _____ |

Andrology Services Requested:

- | | |
|--|--|
| <input type="checkbox"/> Semen Analysis (sperm density, progressive motility) | <input type="checkbox"/> Sperm Cryopreservation (Banking) |
| <input type="checkbox"/> Semen Analysis (sperm density, progressive motility, strict morphology) | <input type="checkbox"/> Urine Evaluation for Retrograde Ejaculation |

*Note: UNC Fertility has contracts with most payers and will provide a complimentary insurance verification prior to a patient's appointment. Covered members are subject to their Copay / Deductible only.

PATIENT SCHEDULING (919) 908-0000

UNCfertility.com • 7920 ACC BLVD • Suite 300 • Raleigh, NC 27617

WHAT TO BRING TO YOUR FIRST APPOINTMENT:

1. To make your first appointment with us as beneficial and efficient as possible, we ask that you provide us with as much information as possible prior to your visit. Please complete the **NEW PATIENT FORMS** on our website (www.uncfertility.com) and bring them with you to your visit.
2. Please provide your referring physician's name and contact information, if applicable.
3. Before your appointment, please arrange to fax us any medical records relating to the evaluation and treatment you and your spouse/partner may have received previously (fax- 919-596-6147). Please call us 1 day before your appointment to confirm that all important records have arrived.
4. Should you need additional assistance, please contact our office staff at 919-908-0000.

DIRECTIONS:

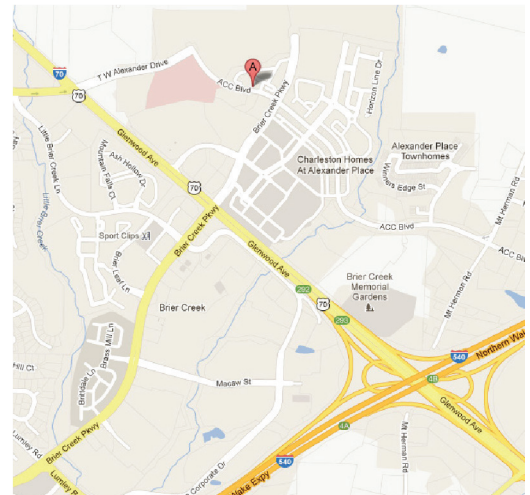
We are conveniently located in Brier Creek-Raleigh right off of Hwy 70/ Glenwood Ave at 7920 ACC Blvd, Suite 300, Raleigh, NC 27617.

From West/Greensboro/Chapel Hill:

Take I-40 East. Take exit 283 to merge onto I-540 E toward US-70. Take exit 4B to merge onto US-70 W/Glenwood Ave toward Durham (approx. 1 mile). Turn right onto Brier Creek Pkwy. Turn left onto ACC Blvd and the building will be on the right.

From East/North Raleigh:

Take I-540 W towards US-70/Durham/I-40W. Take the Glenwood Ave/ US-70W exit 4B towards Durham. Turn right onto Brier Creek Parkway (1st right off the exit). Then take a left onto ACC Blvd. The building will be on your right.



INSTRUCTIONS FOR SEMEN ANALYSIS:

1. Call (919) 908-0000 weekdays between 8:30 am - 4:30 PM to schedule an appointment. You will need to provide: patient's name, partner's name (if relevant), physician's name and insurance information.
2. If possible, maintain a window of abstinence for at least 2 days but no more than 5 days.
3. While on-site collection is preferred, arrangements can be made for off-site collection when necessary.
4. Test results may be obtained from your physician. Allow 7 business days for complete results.
5. You may contact our Financial Counselor at (919) 908-0003 with questions about cost and payment.

INSTRUCTIONS FOR HSG PROCEDURE:

1. Call (919) 908-0000 when your period starts. HSG is best performed within the first 7 days after the end of a normal menstrual period. Please arrive 30 minutes prior to your appointment.
2. The procedure often results in some minor cramping and discomfort and, therefore, your doctor may recommend your taking a Motrin-like medication by mouth 60 minutes prior to the procedure.

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