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.

❏ Marc Fritz, M.D. ❏ Jennifer Mersereau, M.D., MSCI ❏ Anne Steiner, M.D., MPH

❏ Matt Coward, M.D. (Male Reproductive Specialist) ❏ Steven Young, M.D., PhD ❏ Mary Peavey, M.D., MSCI ❏ 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:

- ❏ Egg Donation
- ❏ Egg Freezing
- ❏ Endometriosis
- ❏ Gestational Surrogacy
- ❏ Hysteroscopy
- ❏ Hysterosalpingogram (HSG)
- ❏ In Vitro Fertilization (IVF)
- ❏ Menstrual Irregularities
- ❏ Mullerian Anomaly
- ❏ Myomas/Myomectomy
- ❏ Ovarian Cystectomy
- ❏ Polycystic Ovary Syndrome (PCOS)
- ❏ Preimplantation Genetic Diagnosis (PGD)
- ❏ Premature Ovarian Failure
- ❏ Recurrent Pregnancy Loss
- ❏ Reproductive Endocrine Disorders
- ❏ Tubal Anastomosis
- ❏ Other ______________ ______________________

Male Fertility Evaluation:

- ❏ Abnormal Semen Analysis
- ❏ Azoospermia ("Zero Sperm Count")
- ❏ Vasectomy Reversal
- ❏ Vasectomy
- ❏ Sperm Extraction
- ❏ Electroejaculation
- ❏ Varicocele
- ❏ Hormonal and Genetic Evaluation
- ❏ Erectile and Ejaculatory Dysfunction
- ❏ Fertility Preservation
- ❏ Hypogonadism (Low testosterone)
- ❏ Other ____________________

Andrology Services Requested:

- ❏ Semen Analysis (sperm density, progressive motility, and strict morphology)
- ❏ Urine Evaluation for Retrograde Ejaculation
- ❏ Sperm Cryopreservation (Banking)

*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

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