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Referral Form (Female Patients)

PLEASE COMPLETE AND FAX TO 423-643-0699

ALONG WITH PATIENT PROFILE, MEDICAL RECORDS & COPY OF INSURANCE CARD

Date of Referral: _____

Name of Referring Provider: _____

Please Print

Signature of Referring Provider: _____

Referring Provider Phone: (____) _____ Fax: (____) _____

Patient Name (Female) : _____ Date of Birth: _____

Patient Phone Number(s): (____) _____ / (____) _____

Patient (Female) Email Address: _____

Email address must be on file for registration and consents

Patient Home Address: _____

Patient City, State, Zip: _____

Spouse/Partner of: _____ Date of Birth _____

(if applicable)

Patient Insurance Information: Please send a copy of patient's insurance card with order. TRM participates in most major carriers but does not participate in Medicare, Medicaid or TN Care programs.

Service Requested (REQUIRED): Consult Hysterosalpingogram Saline Sonogram
 Semen Analysis – Please complete S/A Referral Form

Referral Information (REQUIRED):

Fertility

- | | | | |
|--------------------------|--------------------------------|---------------|--------|
| <input type="checkbox"/> | Anovulatory Infertility | ICD-10 | N97.0 |
| <input type="checkbox"/> | Tubal Factor Infertility | ICD-10 | N97.1 |
| <input type="checkbox"/> | Female Factor Infertility | ICD-10 | N97.8 |
| <input type="checkbox"/> | Diminished Ovarian Reserve | ICD-10 | E28.39 |
| <input type="checkbox"/> | Female Unexplained Infertility | ICD-10 | N97.9 |
| <input type="checkbox"/> | Fertility Preservation | | |

Uterine Abnormality/Pelvic Pain

- | | | | |
|--------------------------|----------------------------|---------------|----------------|
| <input type="checkbox"/> | Heavy or Frequent Menses | ICD-10 | N92.0 |
| <input type="checkbox"/> | Scant or Infrequent Menses | ICD-10 | N91.5 |
| <input type="checkbox"/> | Fibroids or Polyps | ICD-10 | D25.1 or N84.0 |
| <input type="checkbox"/> | Endometriosis | ICD-10 | N71.9 |
| <input type="checkbox"/> | Intrauterine Adhesions | ICD-10 | N85.6 |

Endocrine

- | | | | |
|--------------------------|---------------------|---------------|-------|
| <input type="checkbox"/> | PCOS | ICD-10 | E28.2 |
| <input type="checkbox"/> | Hirsutism | ICD-10 | L68.0 |
| <input type="checkbox"/> | Menopausal Symptoms | ICD-10 | N95.1 |
| <input type="checkbox"/> | Elevated Prolactin | ICD-10 | E22.1 |

Other: Please specify with description and ICD-10

Once order and demographic information are received, patient will receive email to complete electronic consents. Once consents are complete, patient may contact TRM to schedule appointment.