TRM TENNESSEE REPRODUCTIVE MEDICINE
Ringland S. Murray, MD Jessica G. Scotchie, MD Natalie A. Vukmer, DO
6031 Shallowford Road, #101, Chattanooga, TN 37421
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Referral Form (Semen Analysis)

PLEASE COMPLETE AND FAX TO 423-643-0699
ALONG WITH PATIENT PROFILE & COPY OF INSURANCE CARD

Date of Referral: _____

Name of Referring Provider: _____
Please Print

Signature of Referring Provider: _____

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

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

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

Patient (Male) 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.

Referral Information

Diagnosis (REQUIRED)
- ☐ Male Infertility (N46.9)
- ☐ Hypogonadism (E29.1)
- ☐ Fertility Testing (Z31.41)
- ☐ Other: _____

Test Requested (REQUIRED)
- ☐ Semen analysis with Strict Morphology, CPT 89322
- ☐ Semen analysis - Retrograde, CPT 89331
- ☐ Sperm freeze, CPT 89259, 89320, 99070, 89343
- ☐ Post Vasectomy Analysis, CPT 89310

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.