



FEMALE PATIENT REFERRAL FORM

☐ **Please Call Patient to Schedule**
(Allow 48 hours to contact patient)

LOCATIONS

WINSTON SALEM

3821 Forrestdge Dr.
Winston Salem, NC 27103
336-448-9100

GREENSBORO

1002 N. Church St., Ste. 200
Greensboro, NC 27401
336-448-9100

CHARLOTTE

2614 E. 7th Street, Ste. C
Charlotte, NC 28204
980-256-2233

ASHEVILLE

900A Centre Park Dr.
Asheville, NC 28805
828-767-1643

WILMINGTON

1717 Shipyard Blvd., #210
Wilmington, NC 28403
910-800-2080

MOORESVILLE

128 Medical Park Rd., #103
 Mooresville, NC 28117
980-447-8200

CARY

160 Macgregor Pines, #206
Cary, NC 27511
984-208-7778

DR. TAMER YALCINKAYA | DR. TOLGA MESEN | DR. AUDREY GARNEAU

DR. HOOMAN SADRI (Reproductive Urology)

Fax all referrals to: **336-448-0454**

*Please fill out form in its entirety in order to get patient scheduled as quickly as possible.

For follow-up questions, please email Alexis at: arichardson@cfi.clinic

Patient's Name: _____ DOB: _____

Patient's Address: _____ City: _____ Zip: _____

Patient's Phone: _____ Email (required): _____

Insurance Provider: _____

Referring Physician (please print): _____ Fax # (required): _____

Important Note:

Please select one checkbox below. Do not choose multiple checkboxes.

New Patient:

- | | |
|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Endometriosis |
| <input type="checkbox"/> In Vitro Fertilization (IVF) | <input type="checkbox"/> Laparoscopy/Robotics/Myomectomy |
| <input type="checkbox"/> Male Factor Infertility | <input type="checkbox"/> IVF using donor oocytes |
| <input type="checkbox"/> Polycystic Ovary Syndrome (PCOS) | <input type="checkbox"/> Other: |

Hysterosalpingogram:

- ☐ HSG (performed in-office)

helping families achieve their

PARENTING DREAMS

one **family** at a time