



Wright State Physicians

WOMEN'S HEALTH CARE

Berry Women's Health Pavilion
 One Wyoming Street, Suite 4130 ■ Dayton, OH 45409
 Tel 937.208.6810 ■ Fax 937.208.2030
 wrightstatephysicians.org

Fax Referral/Consultation Request

Reproductive Endocrinology & Infertility

Date of request: _____ Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ Daytime phone: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Insurance Name: _____ ID#: _____

Subscriber Name: _____ Subscriber DOB: _____

Referring Physician: _____ Records sent: Y N NPI: _____

Consult and Treat: _____ Consult and Advise: _____

Referring Physician phone number: _____ Fax number: _____

Referring office contact: _____

Physician Preference:

- ____ Lawrence Amesse, M.D.
- ____ Mark Bidwell, M.D.
- ____ First Available Physician Appointment

Services Required:

- | | |
|-------------------------------|---------------------------------------|
| ____ Infertility | ____ Assisted Reproductive Technology |
| ____ Menopause | ____ Gynecologic Ultrasound |
| ____ Amenorrhea/PCOS | ____ Sonohysterogram |
| ____ General Endocrinology | ____ DEXA |
| ____ Pediatric/Adolescent GYN | ____ Outpatient Tubal Anastomosis |
| ____ Recurrent Pregnancy Loss | ____ Other (describe below) |

Reason for referral/clinical issue: _____

We will schedule the appointment & notify your office.

If we are unable to reach or do not hear from the patient within two weeks, we will return the referral to your office.

WSP USE ONLY:

Appointment Date: _____ Time: _____ with Dr. _____

Fax referral returned to referring physician due to: ____ Patient No Showed for appointment ____ Could not reach patient

Comments: _____

Response to requesting physician: _____ (date sent) _____